Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) International Brotherhood of Boilermakers Campaign Assistance Fund 753 State Ave. Suite 565 ADDRESS (number and street) (Check if address is changed) Kansas City 66101 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address acct@boilermakers.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2018 C00005157 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Creeden, William, T,, Type or Print Name of Treasurer Creeden, William, T,, [Electronically Filed] 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	i aye £			
Can	ndidate	e Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate			
Nam Cand	e of didate					
	didate y Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(Domooratie			
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

Title or Position Treasurer

_			\neg
FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			
International Bro	otherhood of Boilermakers Ca	mpaign Assist	ance Fund
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leadersh	ip PAC Sponsor
International Brotherho	ood of Boilermakers Iron Ship Builders B	lacksmith Forgers (& Helpers
Mailing Address	753 State Ave Suite 565		
·			
	Kansas City	KS 66101	
	CITY	STATE	ZIP CODE
books and records.	William, T, , 753 State Avenue Suite 565	sition of the person in poss	session of committee
	Kansas City	KS , 66101	
Title or Position	CITY	STATE Z	ZIP CODE
Custodian of Records	Telephone n	913 - 3	371 - 2640
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of tessistant treasurer).	the committee; and the nan	ne and address of
Full Name Creeden, V	Villiam, T, ,		
Mailing Address	753 State Avenue Suite 565		
	L Kansas City	L KS L 166101	1 1

CITY

STATE

Telephone number

913

ZIP CODE

371

2640

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Full Name of Designated Agent		_
Mailing Address		
maining Aduless		
	CITY STATE ZI	P CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Brotherhood Bank & Trust 756 Minnesota Avenue Kansas City KS 66101	
		ID CODE
Name of Bank, [IP CODE
Mailing Address		
	CITY STATE ZI	IP CODE

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A
Transaction ID:

This amended registration is being filed to update the committee's Email Address. Please make the necessary changes to your records.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Boilermakers Loc	cal 85 Federal Political Action Comr	nittee	
Mailing Address	319 Glenwood Rd. PO Box 35		
	Rossford	OH	43460
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - optional)		
Full Name			
Full Name Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in whi	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or(h). Joint Fundraisi r	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
Mailing Address	1755 Fairlane Drive		
	Fairlane		48101
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint Fu	undraising Representa	Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	_ CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION		ohone Number	
Banks or Other Depositors safety deposit boxes or more Name of Bank, Depository, etc.	ories: List all banks or other depositories in which the aintains funds.	e committee deposit	s funds, holds accounts, rents
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲