# FEC FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

Office 2005 OCT 11 A 11: 06

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

I U O E LOCAL 4 SOCIAL ACTION COMMITTEE-FEDERAL

ADDRESS (number and street) ▼ 16 TROTTER DRIVE

☐ (Check if address is changed)

| CITY ▲ | STATE ▲ | ZIP CODE ▲ |
|---|---|---|
| MEDWAY | MA | 02053 - 2299 |

COMMITTEE'S E-MAIL ADDRESS

office@iuoelocal4.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.iuoelocal4.org

COMMITTEE'S FAX NUMBER

508 - 533 - 1430

2. DATE 10 / 05 / 2005

3. FEC IDENTIFICATION NUMBER ▶ C 00115568

4. 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.*

Type or Print Name of Treasurer David F. Fantini

Signature of Treasurer David F. Fantini Date 10 / 05 / 2005

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 Use Only | | | | |
|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

**FEC FORM 1**
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) ☐ 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 4

Mailing Address 16 TROTTER DRIVE

MEDWAY MA 02053 - 2299

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED ORGANIZATION

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

IUOE LOCAL 4 SOCIAL ACTION COMMITTEE - FEDERAL

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: BARBARA J PAINE

Mailing Address: 16 TROTTER DRIVE

MEDWAY | MA | 02053 - 2299

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

OFFICE MANAGER

Telephone number: 508 - 533 - 1436

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: DAVID F.FANTINI

Mailing Address: 16 TROTTER DRIVE

MEDWAY | MA | 02053 - 2299

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 508 - 533 - 1433

Full Name of Designated Agent: WILLIAM D MCLAUGHLIN

Mailing Address: 16 TROTTER DRIVE

MEDWAY | MA | 02053 - 2299

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

Telephone number: 508 - 533 - 1433

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address P O BOX 25118

TAMPA FL 33622 - 5118

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| ☐ Hand Delivered | Date of Receipt |
| ☐ USPS First Class Mail | Postmarked |
| ☐ USPS Registered/Certified | Postmarked (R/C) |
| ☐ USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label ☐ | |
| ☐ USPS Express Mail | Postmarked |
| ☐ Postmark Illegible | |
| ☐ No Postmark | |
| ☑ Overnight Delivery Service (Specify): UPS | Shipping Date 10/7/05 |
| Next Business Day Delivery ☑ | |
| ☐ Received from House Records & Registration Office | Date of Receipt |
| ☐ Received from Senate Public Records Office | Date of Receipt |
| ☐ Received from Electronic Filing Office | Date of Receipt |
| ☐ Other (Specify): | Date of Receipt or Postmarked |
| PREPARER | 10/11/05 DATE PREPARED |

(3/2005)