FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Working for Working Americans? Federal 212 Carpenters Union Way ADDRESS (number and street) (Check if address is changed) Las Vegas 89119 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS payroll@carpenters.org (Check if address is changed) Optional Second E-Mail Address admin@evanskatz.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2019 C00490847 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. Tharp, David, , , Type or Print Name of Treasurer Tharp, David,,, [Electronically Filed] 12 2019 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	pregated fund or party
(-)	^	committee. (i.e., nonconnected committee)	gregation tallia of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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\٨	FEC Form '	1 (Revised 02/2009) mittee Name	Page 3
	•	or Working Americans ? Federal	
 6.		Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	-		•
	arpenters Le	egislative Improvement Committee United Brotherhood of Carpenters	and Joiners
L	Mailing Address	101 Constitution Ave NW	
	Maining Madress	10th FI West	
		Washington DC 20001	
		CITY STATE ZII	CODE
	Relationship:	Connected Organization X Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
'.	Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in posses ds.	ssion of committee
	Full Name	Ziska, Loreen, , ,	1
		212 Carpenters Union Way	
	Mailing Address		
		Las Vegas NV 89119	
	Title or Position	CITY STATE ZIF	CODE
	Assistant Treasu	urer 702 – 938	B 1111 1111 1
3.		ne name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
	Full Name	Tharp, David, , ,	I
	of Treasurer	212 Carpenters Union Way	
	Mailing Address		
		Las Vegas NV 89119	
	Title or Position Treasurer	, , , , , , , , , , , , , , , , , , , ,	CODE
		Telephone number	

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Full Name of Designated	Ziska, Loreen, , ,	
Agent	242 Correctors Union Way	
Mailing Address	212 Carpenters Union Way	
	Las Vegas NV 89119	
	CITY STATE ZIF	IP CODE
Title or Position Assistant Treas	surer	88 - 1111
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	Depository, etc. Community Bank	accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. Community Bank 1460 Sierra Madre Villa	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Community Bank 1460 Sierra Madre Villa	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Community Bank 1460 Sierra Madre Villa	accounts, rents
safety deposit b Name of Bank,	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CA 91107	accounts, rents
safety deposit b Name of Bank,	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CITY STATE ZII	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CITY STATE ZII	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CITY STATE ZII Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CITY STATE ZII Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Community Bank 460 Sierra Madre Villa Pasadena CITY STATE ZII Depository, etc.	

: 97 A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

The committee intends to make independent expenditures or contributions to federally-registered committees that makes independent expenditures only. Consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, 599 F.3d 686 (D.C. Cir. 2010), it therefore intends to raise and contribute funds in unlimited amounts in accordance with Federal Election Commission Advisory Opinion 2010-11. This committee will not use these funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

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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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Southwest Regional Cou	uncil of Carpenters Legislative Improvement Cmte	United Brotherhood o	f Carpenters & Joiners of Am
Mailing Address	533 South Fremont Avenue		
-	5th Floor Accounting Department		
	Los Angeles	CA L	90071
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

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

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h). Joint Fundraising	·	1	FEO ID	
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee	e, Joint Fundraisi	ng Representative	e, or Leadership PAC Spon
United Brotherhood	of Carpenters/Joiners of Ar	ner New Engl	and Reg Carpe	enters Legis Emp Cmte
	750 Dorchester Ave			
Mailing Address				
	Boston		MA	02125
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee		ndraising Representa	Leadership PAC S
	Organization Affiliated Committee by name, address (phone number		ndraising Representa	ative Leadership PAC S
esignated Agent: Identify			ndraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			ndraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number			Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number	- optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number	- optional)		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number CITY CITY es: List all banks or other depositor	- optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number CITY CITY es: List all banks or other depositor	- optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number CITY CITY es: List all banks or other depositor	- optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number CITY CITY es: List all banks or other depositor	- optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number CITY CITY es: List all banks or other depositor	- optional)	STATE A	ZIP CODE A

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund of Carpenters and Joiners of An	= -	
Mailing Address	327 N Centre Street		
	Cumberland	MD	21502
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: identif	fy by name, address (phone number - optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in whi	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲ CITY ▲ pries: List all banks or other depositories in whi	STATE Telephone Number	