Image# 202004139216661854				04/13/2020 17 . 19
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 6 ——
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
International Union	of Operating Engine	eers Local 15 A B C	D Political A	
ADDRESS (number and street)	44-40 11th Street			
(Check if address is changed)				
	Long Island City CITY ▲		NY 111 STATE ▲	01 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	kerryo@iuoe15.org			
2 /	Optional Second E-Mail Ad	dress com		1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	9 / Y Y Y Y 2020			
3. FEC IDENTIFICATION N	UMBER ► C c	00163956		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	er LaRosa, Anthony, R, ,			
Signature of Treasurer	osa, Anthony, R, ,	[Electronically Filed]	Date 04	13 / Y Y Y Y Y 2020
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC FC	Form 1 (Revised 02/2009) Pa	ge 2
TYPE OF (COMMITTEE	
Candidat	te Committee:	
(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 information below.)	candidate
Name of Candidate		
Candidate Party Affiliat	ation Office Sought: House Senate President District Dist	ct
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the (Democration Republication)	tic, n, etc.) Part
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	ganization is
	Corporation Corporation w/o Capital Stock	rganization
	Membership Organization Trade Association Coopera	ıtive
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
Con	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

International Union of Operating Engineers Local 15 A B C D Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

lr	nternational Union of	Operating Engineers Local 15 A	А В С D
	Mailing Address	44-40 11th Street	
		Long Island City	NY 11101
		CITY	STATE ZIP CODE
	Relationship: X Connecte	d Organization Affiliated Committee J	oint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number opt	ional) and position of the person in possession of committee
		Anthony, R, ,	
	Full Name		
	Mailing Address	44-40 11th Street	
		Long Island City	NY 11101
	Title or Position	CITY	STATE ZIP CODE
	Treasurer		212 929 5327 Telephone number

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	LaRosa, Anthony, R, ,
of Treasurer	
Mailing Address	44-40 11th Street
	L
	Long Island City
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 212 929 5327

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				I												 					1				1							
Mailing Address																																
					1			1	1		1	1													L							
																			ST/	ΑΤΕ				ZII	P (- 0D	E					
Title or Position																																
													Tele	eph	ione	e ni	umt	ber														

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.

Signat	ure Bank		
Mailing Address	565 Fifth Avenue		
	New York	NY 10017	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	GINEERS POLITICAL	Organization, Affiliated Committee, Joint Fundrais	NAL UNION OF OF	PERATING ENGINEERS
L	Mailing Address	1125 17TH ST, NW		
F	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number – optional)		
Ful	II Name			
Ма	ulling Address			
ті	TLE OR POSITION V	CITY A	STATE A	ZIP CODE
		L Teler	ohone Number	

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.																											
Mailing Address																											
CITY 🔺														S	TAT	Έ			ZIP	C	DDI	E	•				

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

5(g) or (h).	Joint Fundraising	Participant:	
1.			FEC ID number
2			FEC ID number
3			FEC ID number
4			FEC ID number C
	-	Drganization, Affiliated Committee, Joint Fundrais	· · · ·
	Mailing Address	44-40 11TH STREET	
	Maning Address		
			NY 11101
	Relationship:		STATE A ZIP CODE A
	Connected	Organization X Affiliated Committee Joint Fu	undraising Representative Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)	
F	ull Name		
Ν	Nailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
L		Telep	phone Number

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.	<u> </u>																				1	
Mailing Address																						
				С	ITY	∕▲					S	TAT	Έ			ZIP	C	DD	E 🔺	L.		