STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B VOLUNTARY POLITICAL COMMITTEE 141-57 NORTHERN BOULEVARD ADDRESS (number and street) (Check if address is changed) **FLUSHING** 11354 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cpalazzolo@iuoelocal14.com (Check if address is changed) Optional Second E-Mail Address Eddie@iuoelocal14.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00134726 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. Christian, Edwin, L.,, Type or Print Name of Treasurer Christian, Edwin, L.,, [Electronically Filed] 03 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 Only

Local 202-694-1100

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TYPI	E OF C	OMMITTEE	i aye 🚣
Can	didate	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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo 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 so 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name)		
INTERNATIONAL UNION	OF OPERATING ENGINEERS LO	CAL 14-14B VOLUNTAR	Y POLITICAL COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint F	Fundraising Representative,	or Leadership PAC Sponsor
INTERNATIONAL UN	ION OF OPERATING ENGINE	ERS LOCAL 14-14E	3
Mailing Address	141-57 NORTHERN BOULEVARD		
	FLUSHING	NY NY	11354
	CITY	STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee	Joint Fundraising Representat	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number op	otional) and position of the pe	erson in possession of committee
	Edwin, L., ,		1
Full Name	,141-57 Northern Boulevard		
Mailing Address			
	Flushing	NY NY	11354
Title or Position	CITY	STATE	ZIP CODE
PRES & BUSINESS MGR		Telephone number 7	18 939 - 0600
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committee;	and the name and address of
Full Name Christian, I	Edwin, L., ,		
Mailing Address	141-57 Northern Boulevard		
	Flushing	NY	11354
Title or Position TREASURER	CITY	STATE 7 Telephone number	ZIP CODE 18 939 0600

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Full Name of Designated Agent Palazz	zolo, Christine, , ,	
Mailing Address	141-57 Northern Boulevard	
	Flushing NY CITY STATE	11354 ZIP CODE
Title or Position OFFICE MANAGER		718 - 939 - 0600
Banks or Other Deposit safety deposit boxes or Name of Bank, Deposito		s funds, holds accounts, rents
HSE		
	OLD COUNTRY ROAD	
HSE		
HSE		11514
HSE	1 OLD COUNTRY ROAD	11514 ZIP CODE
HSE	CARLE PLACE CITY STATE	
Mailing Address	CARLE PLACE CITY STATE	
Mailing Address	CARLE PLACE CITY STATE	
Mailing Address Name of Bank, Deposito	CARLE PLACE CITY STATE	
Mailing Address Name of Bank, Deposito	CARLE PLACE CITY STATE	

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

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5(g) or (h).	Joint Fundraising	g Participant:		
1.		<u> </u>	FEC ID numbe	r C
2.		<u> </u>	FEC ID numbe	r C
3.		<u> </u>	FEC ID numbe	r C
4.			FEC ID numbe	C
	=	Organization, Affiliated Committee, Join EDUCATION COMMITTEE (EPEC)/INT	ERNATIONAL UNION OF	
N	Лailing Address	1125 17TH ST. NW		
		WASHINGTON	DC	20036
F	Relationship:	CITY A	STATE	▲ ZIP CODE ▲
8. Desig n	nated Agent: Identify	by name, address (phone number - opti-	onal)	
Ful	I Name			
Ma	iling Address			
TI	TLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE ▲
			Telephone Number	
safety Name	or Other Depositor deposit boxes or mai of Bank, tory, etc.		which the committee depo	
	Mailing Address			
	Mailing Address			

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

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(h). Joint Fundraisi			
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
NEW YORK STATE C	ONFERENCE OF THE INTERNATIONAL UNIC	ON OF OPERATING ENG	SINEERS FED VPAF (NYS
Mailing Address	44-40 11TH STREET		
	LONG ISLAND CITY	NY	11101
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A