

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2018 NOV 21 AM 10:08
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

TEAMSTERS LOCAL 1150 FEDERAL PAC

ADDRESS (number and street)

1150 GARFIELD AVE

(Check if address
is changed)

STRATFORD

CITY ▲

CT

STATE ▲

06615-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

11 / 13 / 2018

3. FEC IDENTIFICATION NUMBER ►

C00297630

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

Rocco J. Calo

Signature of Treasurer

Rocco J. Calo

Date

11 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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 06/2012)

NON-FEDERAL GOVERNMENT

5. TYPE OF COMMITTEE

Candidate 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 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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|--------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> |
| 2. | _____ | FEC ID number | <input type="checkbox"/> |
| 3. | _____ | FEC ID number | <input type="checkbox"/> |
| 4. | _____ | FEC ID number | <input type="checkbox"/> |

NON-FEDERAL ORGANIZATION

Write or Type Committee Name

Teamsters Local 1150 Federal PAC

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

Two rows of empty grid boxes for text entry.

Mailing Address

Three rows of empty grid boxes for mailing address.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

One row of empty grid boxes for full name.

Mailing Address

Three rows of empty grid boxes for mailing address.

Title or Position

CITY

STATE

ZIP CODE

One row of empty grid boxes for title or position.

Telephone number

One row of empty grid boxes for 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 of Treasurer

One row of empty grid boxes for full name of treasurer.

Mailing Address

Three rows of empty grid boxes for mailing address.

CITY

STATE

ZIP CODE

Title or Position

One row of empty grid boxes for title or position.

Telephone number

One row of empty grid boxes for telephone number.

2010-11-11 09:00:00 AM

Full Name of Designated Agent

JOHN SANTAMARIA

Mailing Address

150 GARFIELD AVE

STRATFORD

CITY

CT

STATE

06615-1

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

203-1381-1924

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

NON-FUNCTIONAL

gent

This envelope is for use with the following services:
UPS Next Day Air®
UPS Worldwide Express™
UPS 2nd Day Air®

Visit ups.com or call 1-800-PICK-UPS® (1-800-742-5877) to schedule a pickup or find a drop off location near you.

Apply shipping documents on this side.

Do not use this envelope for:

UPS Next Day Air®
UPS Worldwide Express™
UPS 2nd Day Air®

UPS Next Day Air®
UPS Worldwide Express®
Shipping Document

| | | | | | | |
|--------|---|------------------------------|--|---|--|--|
| WEIGHT | LTR <input checked="" type="checkbox"/> | PAK <input type="checkbox"/> | WEIGHT <input checked="" type="checkbox"/> | DIMENSIONAL WEIGHT If Applicable | LARGE PACKAGE <input type="checkbox"/> | SHIPPER RELEASE <input type="checkbox"/> |
| | | | | EXPRESS (INTL) <input type="checkbox"/> | DOCUMENTS <input type="checkbox"/> | EXPORT <input type="checkbox"/> |

Shipper releases UPS to act as an agent for the shipper. It is the shipper's responsibility to ensure that the contents are properly packaged and labeled. Shipper certifies that these contents are not hazardous, flammable, explosive, radioactive, or otherwise prohibited by law. Shipper certifies that these contents are not restricted, controlled, or otherwise prohibited by law. Shipper certifies that these contents are not restricted, controlled, or otherwise prohibited by law.

SATURDAY DELIVERY

SHIPMENT REFERENCE NO. **F2E 897**

UPS ACCOUNT NO. **F2E 897**

REFERENCE NUMBER

TELEPHONE **203-381-9240**

1Z F2E 897 22 1000 737 7

1Z F2E 897 22 1000 737 7

DELIVERY

UPS Next Day Air®

SHIPMENT REFERENCE NO. **F2E 897**

UPS ACCOUNT NO. **F2E 897**

REFERENCE NUMBER

TELEPHONE **203-381-9240**

1Z F2E 897 22 1000 737 7

1Z F2E 897 22 1000 737 7

DELIVERY

0101911202609 6/14 RRD

United Parcel Service, Louisville, KY

SHIPMENT REFERENCE NO. **F2E 897**

DATE OF SHIPMENT

RECEIVED
FEC MAIL CENTER
2010 NOV 21 AM 10: 00

- Domestic Shipments
 - To qualify for the Letter correspondence, urgent weight 8 oz. or less, UPS those listed or weighing
 - International Shipment
 - The UPS Express Envelope value. Certain countries. ups.com/importexport
 - To qualify for the Letter UPS Express Envelopes
- Note: Express Envelopes containing sensitive per or cash equivalent.

NOTION THAT COMPANY

Serving you for more than 100 years



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.

| | |
|--|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
| Postmarked | |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date <i>11-20-18</i> |
| | Next Business Day Delivery <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

rf
 PREPARER

11-21-18
 DATE PREPARED

20181121 11:21:00 AM