

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

12FE4M5

Machinists Non Partisan Pol League of the Int'l Assn of Machinists & Aerospace Workers

ADDRESS (number and street)

9000 Machinists Place



(Check if address is changed)

Upper Marlboro

MD

20772

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FECIAM@iamaw.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

301-967-4595

2. DATE

M M
1 2/ D D
0 4/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00002469

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

Mr. Warren Mart

Signature of Treasurer

Electronically Filed by Mr. Warren Mart

Date

M M
1 2/ D D
0 4/ Y Y Y Y
2 0 0 6

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)

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:

1

House

9

Senate

5

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**

Mailing Address

CITY STATE 

ZIP CODE ▲

Relationship

A horizontal number line with 21 tick marks, representing a scale from 0 to 100 in increments of 5.

Type of Connected Organization:

- | | | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Corporation w/o Capital Stock | <input type="checkbox"/> | Labor Organization |
| <input type="checkbox"/> | Membership Organization | <input type="checkbox"/> | Trade Association | <input type="checkbox"/> | Cooperative |

Write or Type Committee Name

Machinists Non Partisan Pol League of the Int'l Assn of Machinists & Aerospace Workers

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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**Mr. Warren Mart**

Mailing Address

9000 Machinists Place**Upper Marlboro****MD****20772**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary-Treasurer

Telephone number

301**967****4575**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲




ZIP CODE ▲

Telephone 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  STATE  ZIP CODE 

CITY STATE ZIP CODE

Image# 26940618949

Form/Schedule: **F1A**

This Statement of Organization adds the PAC's e-mail address.

Transaction ID:
