12030872026

STATEMENT OF **ORGANIZATION**

RECEIVED

| FORIN I | | | زک ا | CAUG-7 AMII:51 |
|-----------------------------------|---|--|---|---------------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | S S S S S S S S S S S S S S S S S S S |
| HEAT AND FROST | INSULATORS AND | ALLIED WORKERS | LOCAL 60 PA | AC |
| <u> </u> | <u>i </u> | | 111111 | |
| "ADDRESS (number and street) | 13000 NW 47 A | VE | | |
| (Check if address is changed) | | 1111111111 | 1 1 1 1 1 1 | 1 |
| | MIAMI | | FL 33 | 054 |
| | CITY: | | STATE A | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | W.MAHONEY263@YAH | OO.COM | <u>.l. l. </u> | |
| - , | Optional Second E-Mail A | Address | | , |
| | | | <u> </u> | |
| | | | | |
| COMMITTEE'S WEB PAGE | ADDRESS (URL) | | | • |
| (Check if address is changed) | | · | | |
| | | · 1 | 1 ! ! ! ! ! ! ! | <u> </u> |
| | · | | | |
| 2: DATE 0 7 | 2012 | | | |
| 3. FEC IDENTIFICATION | NUMBER > C(| 00152223 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| certify that I have examined | d this Statement and to the be | est of my knowledge and belief | it is true, correct and | complete. |
| | Willie Mahoney | | | |
| Type or Print Name of Treas | urer | | · · · · · · · · · · · · · · · · · · · | |
| Signature of Treasurer | | | Date | |
| NOTE: Submission of false, en | | on may subject the person signing | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | contact: | FEC FORM 1 (Revised 06/2012) |

| | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|-------------|---------------------|---|--|
| | | COMMITTEE | |
| | | e Committee: | |
| (a) | 7 | 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,) | plete the candidate |
| Nam Cano | e or lidate | | |
| | lidete Affiliati | Office Sought House Sénate President | State |
| (c) | | This committee supports/opposes only one candidate; and is NOT an authorized committee. | |
| Name | e of lidate | | |
| Pari | ty Con | nmittee: | · |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | Action Committee (PAC): | |
| (e) | X | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | Corporation Corporation.w/o Capital Stock | Labor Organization |
| | | Memoership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| <u>(f)</u> | Section 2 | This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee (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 | draising Representative: | |
| (ġ) | A. | 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 | nmittees Perticipating in Joint Fundraiser | |
| | ì. | FEC ID number C | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number C | agginimissiya sinting panimiyya a saya saya sanisi Manimissi kanimissi da saya saya saya saya saya saya saya s |
| | 4. | [| is a summaniferent construction of the constru |

| EEC Form 4 (Brother | | D 2 |
|---|--|--------------------------------------|
| FEC Form 1 (Revise Write or Type Committee Na | | Page 3 |
| | T INSULATORS AND ALLIED WORKERS LO | OCAL 60 PAC |
| 6. Name of Any Connected | d Organization, Affiliated Committee, Joint Fundraising Representat | tive, or Leadership PAC Sponsor |
| Heat and Frost Insulato | ors and Allied Workers Local 60 | |
| | | |
| Mailing Address | 13000 NW 47th Avenue | |
| | | |
| | Miami FL | 33054 |
| Relationship: | cted Organization. Affiliated Committee | street/ |
| 7. Custodian of Records: In books and records. | dentify by name, address (phone number - optional) and position of th | ne person in possession of committee |
| Willie Full Name L | Mahoney | |
| Mailing Address | 13000 NW 47 AVE | |
| Mailing Address | 1 | |
| | Miami FL | 33054 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 954 - 548 - 1659 |
| 8. Treasurer: List the name any designated agent (e.g. | and address (phone number optional) of the treasurer of the commit ., assistant treasurer). | ttee; and the name and address of |
| Full Name Willion of Treasurer | e Mahoney | |
| Mailing Address | 13000 NW,47 AVE | |
| | | |
| | Miami FL STATE | 33054 |
| Title or Position Treasurer | Telephone number | 954 - 548 - 1659 |

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| | FEC Form 1 (Revised | 02/2009) | | | Pag | e 3 |
| | Vrite or Type Committee Name | | | | | |
| ŀ | HEAT AND FROST | INSULATORS AND AL | LIED WORKERS | S LOCAL | 60 PAC | |
| 6. | Name of Any Connected C | Organization, Affiliated Committee, | Joint Fundraising Repre | sentative, or L | eadership PAC | Sponsor |
| إا | ternational Association | of Heat and Frost _i Insulators | and Allied ; ; ; ; | | | ! ! |
| \\ | inriere | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| Ь | | 1 9602 Martin Luther King Ji | r. _i Highwavı | } | | <u> </u> |
| | Mailing Address | | | <u> </u> | <u> </u> | |
| | | ul anham | | 100 | 27076 , | <u> </u> |
| | | Lanham | | [IAID] | | |
| | | CITY | | STATE | ZIP CO |)C |
| | Relationship: X Connected | d Organization: Affiliated Committe | e Joint Fundraising R | Representative | Leadership I | PAC Sponsor |
| | | | | ··- | | |
| ٠. | Custodian of Records: Ider books and records. | itify by name, address (phone number | er optional) and position | n of the person | in possession o | of committee |
| | .Willia ! | Mahoney | | | | |
| | Full Name | | 11111 | <u> </u> | <u> </u> | <u> </u> |
| | Mailing Address | 13000 NW 47 AVE | | <u> </u> | | |
| | | | 1 1 1 1 1 1 1 | 1 | | ! |
| | | Miami | | LFL L | 33054 - | |
| | Title or Position | СПҮ | S | STATE | ZIP COD | E |
| | Treasurer | | Telephone numb | er 954 | _ 548 _ | 1659 |
| | | | telebuone: unup | er [] - [| J. L. | <u> </u> |
| 3. | Treasurer: List the name an any designated agent (e.g., | d address (phone number optional assistant treasurer). | of the treasurer of the c | committee; and | the name and a | address of |
| | Full Name Willie of Treasurer | Mahoney | <u>, j. j. j. j. j. j. j.</u> j. | <u> </u> | <u> </u> | <u>, , , , </u> |
| | Mailing Address | 1,3000 NW,47 AVE | 1 1 1 1 1 1 1 1 | : 1 1 1 1 | ;) ; ; ; | |
| | ······································ | | | | | |
| | | Miami | | i Eli 13 | 33054 . 1- | |
| | | CITY | <u> </u> | TATE | ZIP COD | E |
| | Title or Position | <u></u> | | . 054 | 1_1548 | - 1659 , |
| | Treasurer | | Telephone numb | er 334 | J-[| |

| FEC Form 1 (R | evised 02/2009) | | Page 4 |
|---|---|-----------------|--------------------------------|
| | | | |
| Full Name of Designated Wi Agent | illie Mahoney | <u> </u> | |
| Mailing Address | 13000 NW 47 AVE | | |
| | | <u> </u> | <u> </u> |
| | Miami cny | FL STATE | 33054 - ZIP CODE |
| Title or Position Treasurer | | number | 954]- 548 - 1659 |
| 9. Banks or Other Depos | sitories: List all banks or other depositories in which the com | mittee deposits | i tunds, noids accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | ells Fargo Bank, N.A. | mittee deposits | Tuṇas, notas accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | mittee deposits | Turids, notas accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 | | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. ells Fargo Bank, N.A. | mittee deposits | 972286995 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | i OR | 972286995 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | i OR | 972286995 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | i OR | 97228 1-6995 ZIP CODE |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | i OR | 97228 1-6995 ZIP CODE |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. itory, etc. ells Fargo Bank, N.A. P.O. Box 6995 Portland | i OR | 97228 1-6995 ZIP CODE |

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED