FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1/5 =

											Office Us	e Only		
1. NAME OF COMMITTEE (in	n full)		Check if nam s changed)		xample:I ver the li	f typing, ines.	type	12	FE4	M5				
International U	nion of (Operatin	g Engine	ers Loca	al 98 P	olical	Action	Cor	nmit	tee	- Socia	al Actio	n Fun	d
ADDRESS (number a	nd street)	40 Hudso	on Drive											
(Check if a is changed														
3	,	Southwid	ck	1 1 1	1 1 1	1 1 1	. 1	l N	1A	١	01077	-	1 1	
		CI	TY▲					ST	ATE 🔺			ZIP CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS												
X ◀ (Check if a is changed		dprats@	local98.org											
			Second E-Ma @local98.org	ail Address	1 1 1		1 1	1 1	1 1	1 1	1 1 1	1 1 1	1 1	. 1
	DAGE AD	DDE00 ///	71.											
COMMITTEE'S WEB (Check if a		iuoelocal	-											
is changed														
2. DATE 10	M / D 2	1 / Y	2024											
3. FEC IDENTIFIC	CATION N	UMBER ▶		C00142	083									
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	AMENDE	D (A)							
certify that I have e	examined th	his Stateme	nt and to the	best of my	y knowle	edge and	belief it	t is tru	e, cor	rect a	nd comp	olete.		
Type or Print Name	of Treasure	er <u>Prats, D</u>	aniel, , ,											
Signature of Treasure	er Prats	s, Daniel, , ,						Date		10	/ D		2024	Y
NOTE: Submission of	false, erron		omplete inform								ne penalt	ies of 52	U.S.C. §3	80109.
Office Use Only					Federa Toll Fr	urther info al Election see 800-424 202-694-11	Commissi 4-9530					FORI		

FEC Form 1 (Revised 03/2022)	Page 2
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. (Comple information below.)	ete the candidate
Name of	
Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
Party Affiliation Sought: House Senate President	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Demo	ocratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corporation Corporation w/o Capital Stock	oor Organization
	operative
	oporativo
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybridian Committee)	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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	· ·
(j) 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.	two or more political
Committees Participating in Joint Fundraiser	
1. C	

	FEC Form 1 (Revised 0)	2/2009)	Page 3
W	/rite or Type Committee Name		
	International Union of	Operating Engineers Local 98 Polical Action Commit	ttee - Social Action Fund
3.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
	International Union of	Operating Engineers Local 98	
	Mailing Address	40 Hudson Drive	
		Southwick	01077
		CITY ▲ STATE A	XIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Represe	ntative Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the pers	son in possession of committee
	Prats, Dani	el, , ,	
	Full Name		
	Mailing Address	76 Tribly Avenue	
		Chicopee MA	01020
		CITY ▲ STATE 4	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	413 - 998 - 3230
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
	Full Name Prats, Dani	el, , ,	
	or freasurer	₁ 76 Tribly Avenue	
	Mailing Address	To many Avenue	
		Chicopee MA	01020
		CITY ▲ STATE 4	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	413 - 525 - 4291

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Prats, Daniel, , ,		
Mailing Address	76 Tribly Avenue		
	Chicopee	MA L	01020
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer	Telephone r	number 2	113 - 525 - 4291
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the comm kes or maintains funds.	ittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	BERKSHIRE BANK		
Mailing Address			
	PITTSFIELD	ı MA ı	01202
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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Page	of ^o	

(h). Joint Fundrais			
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		,	
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
ENGINEERS POLITI	CAL EDUCATION COMMITTEE (EPEC)/INT	ERNATIONAL UNION	OF OPERATING ENGINEER
Mailing Address	1125 17TH ST, NW		
	WASHINGTON	DC	20036
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION AGENCY AND AGENCY	ify by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION AGENCY AND AGENCY	ify by name, address (phone number – optional CITY A CITY A cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A CITY A cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A CITY A cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A CITY A cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A