FEC FORM 1

Only

## STATEMENT OF ORGANIZATION

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FORM 1				Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
INTERNATIONAL UNIC	ON OF OPERATING E	NGINEERS/LOCAL 17	POLITICAL AC	CTION COMMITTEE
ADDRESS (number and street)	5959 VERSAILLES RD			
(Check if address is changed)				
	LAKEVIEW CITY		NY 144 STATE ▲	1085 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	opereng17@aol.com			
	Optional Second E-Mail Ad	Idress		
2. DATE 05 2	4 2016			
3. FEC IDENTIFICATION N	UMBER ▶ C C	00104455		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	his Statement and to the best	t of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasure	Fekete, William, J, ,			
Signature of Treasurer Feke	ete, William, J, ,		Date 04	12 / 2024
NOTE: Submission of false, erron		may subject the person signino		e penalties of 52 U.S.C. §3010
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

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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 th information below.)  Name of	e candidate
Candidate	
Candidate Office Party Affiliation 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 Republican,	c, , etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock X Labor C	rganization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 (Hybrid PA	AC).
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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1C	

I	FEC Form 1 (Revised 0)	2/2009)	Page <b>3</b>
۷	Vrite or Type Committee Name		
	INTERNATIONAL UNIC	ON OF OPERATING ENGINEERS/LOCAL 17 POLITICAL ACTION (	COMMITTEE
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
	IUOE/EPEC		
		11125 SEVENTH ST. NW	
	Mailing Address		
		WASHINGTON   DC   20036	-   -
		CITY ▲ STATE ▲ Z	IP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative Le	adership PAC Sponso
_			
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	n of committee
	Fekete, Wil	iam, J, ,	
	Matter Address	5959 Versailles Rd	
	Mailing Address		
		Lakeview NY 14085	
		CITY ▲ STATE ▲ Z	IP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	27  -  2648
		10.000.000.000.000.000.000.000.000.000.	
8.	Treasurer: List the name and	l address (phone number optional) of the treasurer of the committee; and the nam	e and address of
	any designated agent (e.g., a	ssistant treasurer).	
	Full Name Fekete, Wil	iam, J, ,	
	of Treasurer		
	Mailing Address	5959 Versailles Rd	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Lakeview NY 14085	,  _
	Title or Position ▼	CITY ▲ STATE ▲ Z	IP CODE ▲
	Treasurer	, 716 , , 6	27   2648
		Telephone number	

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Full Name of Designated Agent	Fekete, William, J, ,	
Mailing Address		
	Lakeview , NY	, 14085
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits es or maintains funds.	funds, holds accounts, rents
Name of Bank, De	epository, etc.	
l	M & T Bank	
Mailing Address	One Fountain Plaza	
	Buffalo	14220
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.	
l		
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	01	

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
IUOE NYS CONFER	RENCE PAC FUND		
	44.40.4471.07		
Mailing Address	44-40 11TH ST		
	LONG ISLAND	NY NY	11101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connecte	ed Organization Affiliated Committee Jo  fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
X Connecte		int Fundraising Represent	ative Leadership PAC Sp
X Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi Full Name		int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi Full Name		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identi Full Name	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundrais</b>	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
IUOE/EPEC			
Mailing Address	1125 SEVENTH ST. NW		
	WASHINGTON	DC DC	20036
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A  Telephone Number	ZIP CODE A