Image# 201806139113676164			06/13/20	18 14 : 17
FEC	STATEMEN		PA	GE 1 / 19
FORM 1	ORGANIZA	ATION		
			Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
OHIO D.R.I.V.E. (DEMOCRA		NDENT VOTER EDUCATIO	N - TEAMSTERS JOINT CO	UNCIL #41)
ADDRESS (number and street)	272 West Market Street			1
(Check if address				
is changed)	, Akron		OH , 44303 ,	
	CITY ▲		STATE ZIP C	ODE 🔺
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 	linda348@sbcglobal.ne	t		
	Optional Second E-Mail Add	lress		
	liva@fhplaw.com			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
 (Check if address is changed) 				
	1			1
2. DATE 10 / 08	D / Y Y Y Y 2012			
3. FEC IDENTIFICATION NU		00008078		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
	Nord: Ni-l-			
Type or Print Name of Treasurer	Nardi, Nick, , ,			
Signature of Treasurer	Nick, , ,	[Electronically Filed]	Date 06 / 13 /	y y y y 2018
NOTE: Submission of false, errone		nay subject the person signing t DN SHOULD BE REPORTED W		U.S.C. §437g.
Office		For further information co		RM 1
Use Only		Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	n (Revised 06,	

-		-
FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE	
Candidat	e 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. (Comp information below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		Democratic, Republican, etc.) Pa
Political /	Action Committee (PAC):	
(e) ×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization
	Corporation Corporation w/o Capital Stock	Labor Organizatior
	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 se committee. (i.e., nonconnected committee)	gregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

OHIO D.R.I.V.E. (DEMOCRATIC REPUBLICAN INDEPENDENT VOTER EDUCATION - TEAMSTERS JOINT COUNCIL #41)

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

Teamsters Joint Count	cil #41		
Mailing Address	6051 Carey Drive		
	Valley View	OH	44125
	CITY	STATE	ZIP CODE
Relationship: x Connected	d Organization	raising Representative	e Leadership PAC Sponsor
7. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and	position of the perso	on in possession of committee
Hickman, I	_inda, , ,		
Full Name			
Mailing Address	272 West Market Street		

	Akron	OH 44	1303
Title or Position	CITY	STATE	ZIP CODE
Bookkeeper		Telephone number	<u>434</u> <u>3424</u>

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	Nardi, Nick, , ,
Mailing Address	709 Brookpark Road
	Cleveland OH 44109
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 216 642 0451

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		1							 	_
Mailing Address																										
															1											
				1															L]-[
							CI	ΓY								STA	ΤE				ZIF	Р С	OD	E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber] – [

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	PO Box 1558 EA1W37	
	Columbus	OH 43216-1558 – L
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

FEC Form 1S

	Optional Supplemental Information
(Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
		Drganization, Affiliated Committee, Joint Fundrai EPUBLICAN, INDEPENDENT VOTER EDUCATIO		
		25 LOUISIANA AVE., NW		
r	Mailing Address			
		WASHINGTON		20001
F	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number - optional)		
Fu	II Name			
Ma	ailing Address			
т	ITLE OR POSITION		STATE A	ZIP CODE
			ephone Number	

Name of Bank, Depository, etc.																								
Mailing Address																								
	L																							
	L													L										
					C	(TI	(🔺	•					S	TAT	Έ			ZIP	C	DDI	E 🔺	r		

FEC Form 1S (Revised 02/201	7) Optional Supplemental I for Lines 5(g) or (h), 6, 8		Page of
(g) or (h). Joint Fundraising	Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	rganization, Affiliated Committee, Joint Fund OF LOCOMOTIVE ENGINEERS A		
Mailing Address	1370 ONTARIO ST		
			44113
Relationship:		STATE ▲	ZIP CODE
Connected C	Drganization X Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sponsor
. Designated Agent: Identify b	by name, address (phone number - optional)		
Full Name			
Mailing Address			
			-
TITLE OR POSITION ▼	, CITY ▲		
	1	Telephone Number	- -

Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
	L																			- [
					C	NT	(🔺					S	TAT	Έ			ZIP	С	OD	Ε		

5

FEC	Form	15	(Revised	02/2017)	١
FEU	FOIIII	13	(neviseu	02/2017	1

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

(g) or (h).	Joint Fundraising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Any Connected Organization Affiliated Committee Joint Fundra		

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TEAMSTERS LOCAL 20 - PILOT FEDERAL

Mailing Address	435 S HAWLEY				
				OH 4360	09
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization X Affilia	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																															
Mailing Address																				1		1							1	1	
			I		1		I	I	I	1	1		I		1		1	1		I	I	I		1		1	1		I	I	I
	L	1		I	1	I	1		I	1		1		1		1												- [I		
TITLE OR POSITION	▼						(CIT	Y									S	TAT	Έ					ZIF	o c	OD	E			
														Te	lep	hor	ne	Nu	mbe	ər				 - L				- [

Name of Bank, Depository, etc.																									
Mailing Address																									
	L																								
					С	ITY	′▲							SI	TAT	E			2	ZIP	СС	DDE	Ξ 🔺		

lmaga#	201806139113676171	Ē
iiiiaye#	2010001391130/01/	

FEC Form 1S (Revised 02/20	Optional Supplemental Infor17)for Lines 5(g) or (h), 6, 8 and		Page of
or(h). Joint Fundraising	Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	rganization, Affiliated Committee, Joint Fundrais		
Mailing Address			
		PA	19149
Relationship:	CITY A	STATE A	ZIP CODE
Connected 0	Drganization X Affiliated Committee Joint Fu	undraising Representa	tive Leadership PAC Spon
Designated Agent: Identify b	by name, address (phone number – optional)		
Full Name			
Mailing Address			
	1		
TITLE OR POSITION V	CITY A	STATE 🔺	ZIP CODE

Name of Bank, Depository, etc.																							
Mailing Address																							
																L							
				C	IT	∕▲	L L					S	TAT	Έ				ZIP	C	DD	= 🔺	_	

	Optional Supplemental Info017)for Lines 5(g) or (h), 6, 8 a		Page of
))or(h). Joint Fundraising	Participant:	_	
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fundra ON LOCAL 331 POLITICAL ACTION	•	or Leadership PAC Sponsor
Mailing Address	117 WEST WASHINGTON AVENUE		
	PO BOX 1073		
		NJ	08232
Relationship:	CITY A	STATE A	
Connected	Organization X Affiliated Committee Joint	Fundraising Representati	ve Leadership PAC Sponso
Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
Mailing Address			

,L

Name of Bank, Depository, etc.																								
Mailing Address																								
	L																							
	L													L										
					C	(TI	(🔺	•					S	TAT	E.			ZIP	C	DDI	E 🔺	r		

Telephone Number

FEC	Form	1S	(Revised	02/2017)
			(11001000	02/2011/

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

5(g) or (h).	Joint	Fundraising	Participant:

1	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LOCAL 500 PAC

Mailing Address	3460 NORTH DELAWARE AVE		
	SUITE 301		
		PA	19134
Relationship:	CITY 🔺	STATE	▲ ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																											
Mailing Address	L																										
	L																										
	L												1						L					- [_			
TITLE OR POSITION	▼				C	ידו	Y A	•							S	TAT	Ε				ZIP	C	OD	E 🔺	•		
											Те	lep	hor	ne I	Nur	nbe	ər			 ·L				- [_			

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
	L															L					. [
					C	۲I	(🔺					S	TA	E.				ZIP	C	DD	E		

Ima	age# 201806139113676174			
	FEC Form 1S (Revised 02/201	7) Optional Supplemental Info for Lines 5(g) or (h), 6, 8 an		Page <u>11</u> of <u>19</u>
5(g)) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	•	rganization, Affiliated Committee, Joint Fundrai	•	
	Mailing Address	855 NORTH BROAD ST		
		PHILADELPHIA 	PA	19123
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected C	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify b	y name, address (phone number - optional)		
	Full Name			
	Mailing Address			

1

TITLE OR POSITION V

1

CITY A

1

Name of Bank, Depository, etc.	<u> </u>																				
Mailing Address																					
				C	Π	(🔺					S	TAT	Έ			ZIP	C	DD	E 🔺	L	1

Telephone Number

STATE A

|-|

|_|

ZIP CODE

L

_

	~~4	0004	0044	00704	
Image#	201	8061	3911	36761	15

FEC	Form	1S	(Revised	02/2017)

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

5(g)	or(h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P O BOX 1836		
			OK _	74101
	Deletionelie			
	Relationship:		STATE	
	_			
8	Connecte	CITY ▲ d Organization ★ Affiliated Committee Joint		
8.	Designated Agent: Identif			
8.	Connecte	CITY ▲ d Organization ★ Affiliated Committee Joint		
8.	Designated Agent: Identif	CITY ▲ d Organization ★ Affiliated Committee Joint		
8.	Designated Agent: Identif	CITY ▲ d Organization ★ Affiliated Committee Joint		
8.	Designated Agent: Identif	CITY ▲ d Organization ★ Affiliated Committee Joint		
8.	Designated Agent: Identif	CITY A		
8.	Connecte Con	CITY A CITY A d Organization Affiliated Committee Joint y by name, address (phone number – optional)	L L L STATE ▲ Fundraising Representa	

Name of Bank, Depository, etc.																1				1		
Mailing Address																						
				С	Π						S	TAT	Έ				ZIP	C	DD	Ξ 🔺	•	

Image# 201806139113676176			
FEC Form 1S (Revised 02/20	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page <u>13</u> of <u>19</u>
5(g)or(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
5. Name of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
-	AL 623 POLITICAL ACTION FUND		· · ·
Mailing Address	4369 RICHMOND ST		
		PA	19137
Relationship:		STATE 🔺	ZIP CODE

Designated Agent: Identify by name, address (phone number - optional) 8.

Connected Organization

Full Name																											
Mailing Address																											
L																											
							I								L				L					-	- [_		
TITLE OR POSITION ▼					C	ידוכ	Y 4							S	TAT	E						ZIF	C C	OD	E		
									I		т	sha	n 0	N I	aa la		L			Ι.	- 1			1.	-		

Joint Fundraising Representative

Leadership PAC Sponsor

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

× Affiliated Committee

Name of Bank, Depository, etc.	1	1	1	I	I	1	1	1	I	I	I	1	1	1	I	I	1	I	1	I	I	1	1	I	I	I	I	1	1	I	I	1	1	
																																_		
Mailing Address																																		
								С	۲I	(🔺										S	TAT	Έ						ZIP	C	DD	E 🔺	•		I

-				
#oncml	2018	0613Q1	13676177	7
mayem	2010	001331	1307017	

FEC	Form	1S	(Revised	02/2017)	۱

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

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

2 FEC ID number	
3. FEC ID number	
4. FEC ID number	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TEAMSTERS LOCAL 745 DRIVE

Mailing Address	1007 JONELLE ST		
			75217
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
																		L					- L		
TITLE OR POSITION	▼				C	ידו	Y 🔺							S	TAT	Εź				ZIF	, c	OD	E .		
										Te	elep	hoi	ne	Nu	mbe	ər			 - L				- [

Name of Bank, Depository, etc.																						
Mailing Address																						
	L																					
	L																					
					С	ITY	∕▲					S	TAT	Έ			ZIP	C	OD	E	•	

FFC	Form	1S	(Revised	02/2017)
			(11001000	02/2017/

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

- (3) -	or (h). Joint Fundraising	g Participant:		
	1		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponso	or
	Mailing Address	201 N JOHNSON		
		PO BOX 1609		
			TX 79105	
	Relationship:		STATE A ZIP CODE A	
	i totationomp.			
			Fundraising Representative Leadership PAC Spo	onsor
8.	Connected			onsor
8.	Connected	Organization X Affiliated Committee Joint		onsor
8.	Connected Designated Agent: Identify	Organization X Affiliated Committee Joint		insor
8.	Connected Connected Designated Agent: Identify Full Name	Organization X Affiliated Committee Joint		onsor
8.	Connected Connected Designated Agent: Identify Full Name	Organization X Affiliated Committee Joint		
8.	Connected Connected Designated Agent: Identify Full Name	Organization Affiliated Committee Joint I by name, address (phone number – optional)		insor
8.	Connected Connected Designated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Joint I	Fundraising Representative Leadership PAC Spo	

Name of Bank, Depository, etc.																							
Mailing Address																							
																	L						
					С	ITY	^						S	ΓAT	Έ				ZIP	C	DDI		

lmage#	201806	12011	3676179
image#	201000	13911	30/01/9

FEC	Form	1S	(Revised	02/2017)

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

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number C]
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor	
	Mailing Address	3528 W RENO		
			OK 73107	
	Relationship:		STATE ▲ ZIP CODE ▲	_
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponse	or
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲	
		Te	lephone Number	

Name of Bank, Depository, etc.																						
Mailing Address																						
				С	ITY	^					S	TAT	Έ			ZIP	C	DD	E 🔺	k.		

FEC Form 1S (Revised 02/20	017) Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page <u>17</u> of <u>19</u>
g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	
2.		FEC ID number	;
3.		FEC ID number	
4.		FEC ID number	
-	Organization, Affiliated Committee, Joint Fun CAL 959 ALASKA LABOR INDEPE		
	1 520 E 34TH AVENUE		
Mailing Address			
Mailing Address			
Mailing Address	AK	99503
Mailing Address Relationship:			99503
Relationship: ANCHORAGE . CITY ▲		
Relationship: ANCHORAGE . CITY ▲		
Relationship:	ANCHORAGE		
Relationship: Connected Designated Agent: Identify	ANCHORAGE		
Relationship: Connected Designated Agent: Identify Full Name	ANCHORAGE Organization Affiliated Committee Joi by name, address (phone number – optional)		
Relationship: Connected Designated Agent: Identify Full Name	ANCHORAGE Organization Affiliated Committee Joi by name, address (phone number – optional)		

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. 9.

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
					С	ΊTΥ	^					S	TAT	Έ			2	ZIP	C	OD	E	•	

Telephone Number

lmage#	20180613911367618	81
mayem	20100013311307010	

FEC	Form	1S	(Revised	02/2017)

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

5(g)	or (h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number C
	4.		FEC ID number
6.	-	-	ising Representative, or Leadership PAC Sponsor
	Mailing Address	150 GARFIELD AVE	
		STRATFORD	CT 06615
	Relationship:		STATE A ZIP CODE A
			STATE ▲ ZIP CODE ▲
8.	Connected		
8.	Connected	d Organization X Affiliated Committee Joint F	
8.	Designated Agent: Identify	d Organization X Affiliated Committee Joint F	
8.	Designated Agent: Identify	d Organization X Affiliated Committee Joint F	
8.	Designated Agent: Identify	d Organization X Affiliated Committee Joint F	
8.	Designated Agent: Identify	Affiliated Committee Joint F	
8.	Connected Designated Agent: Identify Full Name Mailing Address	Affiliated Committee Joint F	Fundraising Representative Leadership PAC Sponsor

Name of Bank, Depository, etc.																						
Mailing Address																						
																L						
					С	ITY						S	ΓAT	Έ				ZIP	C	DDI		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9 Page 19 of 1 5(g) or (h). Joint Fundraising Participant: 1 FEC ID number 2. FEC ID number 3. FEC ID number 4. FEC ID number 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponter Colspan="2">FEC ID number 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponter Colspan="2">Page 19 of 1 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponter Colspan="2">Page 19 of 1 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponter Colspan="2">Page 19 of 1 Mailing Address J460 NORTH DELAWARE AVENUE Mailing Address Jage Name PA PA PA PA PA PA PA PA <th></th>	
1. FEC ID number C 2. FEC ID number C 3. FEC ID number C 4. FEC ID number C 5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot TEAMSTERS JOINT COUNCIL 53 POLITICAL ACTION COMMITTEE Mailing Address 3460 NORTH DELAWARE AVENUE Mailing Address 3460 NORTH DELAWARE AVENUE PHILADELPHIA PA 19134)
1. .	
G FEC ID number FEC ID number FEC ID number C	
A. A.	
TEAMSTERS JOINT COUNCIL 53 POLITICAL ACTION COMMITTEE Mailing Address 3460 NORTH DELAWARE AVENUE SUITE 310 PHILADELPHIA PA 19134	
Mailing Address	nsor
Mailing Address	
PHILADELPHIA PA 19134 Image: Philodelphia Image: PA Image: PA Image: PA	
Connected Organization 🗴 Affiliated Committee Joint Fundraising Representative Leadership PAC	Sponsor
. Designated Agent: Identify by name, address (phone number – optional)	
Full Name	
Mailing Address	
<u> </u>	

1

STATE 🔺

Telephone Number

ZIP CODE

1

|_|

CITY

TITLE OR POSITION V

Name of Bank, Depository, etc.																							
Mailing Address																							
	L																						
	L																						
					С	ITY	∕▲					S	TAT	Έ			2	ZIP	C	DD	E 🔺	•	I