

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO

ADDRESS (number and street) 9-25 ALLING STREET

(Check if address is changed)

NEWARK

CITY ▲

NJ

STATE ▲

07102

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

susan.cleary@1199j.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.district1199j.org

2. DATE

03 / 19 / 2019

3. FEC IDENTIFICATION NUMBER ▶

C C00079327

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 cleary, susan, , ,

Signature of Treasurer cleary, susan, , ,

[Electronically Filed]

Date

03 / 19 / 2019

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 06/2012)

5. 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 the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office 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 (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

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

Write or Type Committee Name

DISTRICT 1199J,NUHHCE,AFSCME,AFL-CIO

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

DISTRICT 1199J,NUHHCE,AFSCME,AFL-CIO

Mailing Address 9-25 ALLING STREET

NEWARK

NJ

07102

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 cleary, susan, , ,

Mailing Address 9-25 Alling Street

Newark

NJ

07102

Title or Position

CITY

STATE

ZIP CODE

president

Telephone number 973 - 624 - 1199

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 cleary, susan, , ,

Mailing Address 9-25 Alling Street

Newark

NJ

07102

CITY

STATE

ZIP CODE

Title or Position president

Telephone number 973 - 624 - 1199

Full Name of Designated Agent

cleary, susan, , ,

Mailing Address

9-25 Alling Street

Newark

NJ

07102

CITY

STATE

ZIP CODE

Title or Position

president

Telephone number

973

624

1199

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.

Radius Bank

Mailing Address

1 Harbor St. Suite 201

Boston

MA

02210

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE