

**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

MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

ADDRESS (number and street)

700 MARITIME BLVD SUITE B

☐ (Check if address is changed)

LINTHICUM HEIGHTS

CITY ▲

MD

STATE ▲

21090

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

fscopelliti@bridgedeck.org

Optional Second E-Mail Address

jrodriguez@bridgedeck.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 15 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00073056

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 Frank Scopelliti

Signature of Treasurer

Frank Scopelliti

[Electronically Filed]

Date

MM / DD / YYYY
04 / 15 / 2015

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
OnlyFor 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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

IOMM&P

Mailing Address

700 Maritime Blvd. Suite B

Linthicum Heights

MD

21090

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

Juli A Rodriguez

Mailing Address

259 Pumpkin Ct.

Severna Park

MD

21146-0000

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

410

691

8145

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

Frank Scopelliti

Mailing Address

700 Maritime Blvd. Suite B

Linthicum Heights

MD

21090

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

410

691

8134

Full Name of
Designated
Agent

Frank Scopelliti

Mailing Address

700 Maritime Blvd. Suite B

Linthicum Heights

CITY

MD

STATE

21090

ZIP CODE

Title or Position

Treasurer

Telephone number

410

691

8145

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.

Burke & Herbert Bank & Trust Company

Mailing Address

PO Box 268

Alexandria

CITY

VA

STATE

22313

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ADDITIONAL]**Designated Agent**

Full Name

Steven E Werse

Mailing Address

34 Malus Lane

Middletown

NJ

07748-0000

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary/Treasurer

Telephone number 410 - 850 - 8700

Joint Fundraiser Participant**[ADDITIONAL]**

FEC ID number

C