Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 7 =

FURIVI I									C	Office (Jse Or	ıly		
1. NAME OF COMMITTEE (in	full)		Check if name changed)		mple:If typing the lines.	, type	121	E4M	I5	Ξ				
CARPENTERS LEG	GISLATIVE	E IMPRO\	/EMENT CO	MMITTEE	UNITED BRO	OTHERH(OOD (OF CA	ARPE	NTE	RS A	√ND 、	JOINE	ERS
ADDRESS (number ar	nd street)	101 Cons	titution Avenue	, NW										
(Check if a is changed		10th Floo	r West											
is changed	,	Washingt	on 				DC		20	001	ZI	- [P CC	DDE 🛦	
COMMITTEE'S E-MA	IL ADDRES	ss												
X ◀ (Check if a is changed		payroll@	carpenters.org	9										
			Second E-Mai ce@katzcomplian											
COMMITTEE'S WEB (Check if a is changed	ddress	PRESS (UF	RL)											
2. DATE 08			2023 C	C0000101	6	-								
 FEC IDENTIFIC IS THIS STATEM 		NEW			AMEND	ED (A)								
I certify that I have e	xamined thi	s Stateme	nt and to the	best of my l	knowledge an	d belief it	is true	, corre	ct an	d con	nplete	١.		
Type or Print Name o	of Treasurer	Flynn, Tl	nomas, , ,											
Signature of Treasure	r Flynn,	Thomas,,	,				Date		D8		15	/ <u></u>	2023	
NOTE: Submission of f	alse, errone		omplete informa							pena	alties	of 52	U.S.C.	§30109
Office Use					For further information Federal Election Toll Free 800-4	n Commissio						ORI		

Toll Free 800-424-9530

Local 202-694-1100

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EC 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 information below.)	e. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	
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) X This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is
Corporation Corporation w/o Capital Stock	X Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a sepacommittee. (i.e., nonconnected committee)	arate segregated 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 acco	bunts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
۷	Vrite or Type Committee Name		
		/E IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARP	
j.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or f Carpenters and Joiners of America	Leadership PAC Sponsor
		Largeriters and Joiners of America	
	Mailing Address	101 Constitution Avenue, NW	
		10th Floor West	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Flynn, Thor	nas	
	Full Name		
	Mailing Address	101 Constitution Avenue, NW	
		10th Floor West	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SIAIE	ZIF CODE =
	Treasurer	Telephone number	546 6206
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of
	Full Name Flynn, Thor	nas,,,	
		101 Constitution Avenue, NW	
	Mailing Address	10th Floor West	
		Washington	20001
	T	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	. 202	546 6206
	Treasurer		

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Brown, Jesse, , ,		
Mailing Address	101 Constitution Avenue, NW		
	10th Floor West		
	Washington	DC	20001
Title or Position		STATE A	ZIP CODE ▲
Assistant Treasur		per 2	02 - 546 - 6206
	Depositories: List all banks or other depositories in which the committee ses or maintains funds.	deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Citizens Business Bank		
Mailing Address	1000 N. Brand Blvd		
	Glendale	CA	91202
	CITY ▲ S	STATE A	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲ S	STATE A	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 '	

ng Participant:		
	FEC ID number	С
	FEC ID number	С
	FEC ID number	C
	FEC ID number	С
555 Capitol Mall		
Suite 401		
Sacramento CITY	CA STATE A	95814 ZIP CODE ▲
d Organization X Affiliated Committee	Fundraining Panrocents	ative Leadership PAC Spo
ı		
CITY	STATE A	ZIP CODE A
CITY A	STATE A	ZIP CODE A
•	STATE State	ZIP CODE A
•	lephone Number	
pries: List all banks or other depositories in which taintains funds.	lephone Number	
	Council of Carpenters Carpenters Legislative 555 Capitol Mall Suite 401 Sacramento CITY	FEC ID number FEC ID number FEC ID number FEC ID number Organization, Affiliated Committee, Joint Fundraising Representative Council of Carpenters Carpenters Legislative Improvement Committee State 401 Sacramento CITY A STATE A d Organization Affiliated Committee Joint Fundraising Representative STATE A

FEC Form 1S (Revised 02/2017)

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

Page	of ⁷	
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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun		
United Brotherhood	of Carpenters/Joiners of Amer New England	d Reg Carpenters Leg	is Emp Cmte
Mailing Address	750 Dorchester Ave		
	Boston	MA	02125
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Join Join Join Join Join Join Join Join	int Fundraising Represent	Leadership PAC S
		III. Fulluraising nepresent	Leadership TAC S
esignated Agent: Identi		III ruiluraisiiig nepieseilia	Leadership TAC S
esignated Agent: Identi		III ruiluraisiiig nepieseilia	Leadership TAC S
esignated Agent: Identi		III Fulluraising nepresent	Leadership TAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mail	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 aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit 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 aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety 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 aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety 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 aintains 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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Page	of '	

(h). Joint Fundraising	-		
1		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		1	
Name of Any Connected (Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponso
Working for Working A	mericans-Federal		
Mailing Address	212 Carpenters Union Way		
	Las Vegas	NV	89119
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Jo	oint Fundraising Representa	
	by name, address (phone number – optional)		
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional)		ZIP CODE A