

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

265 WEST 14TH STREET

(Check if address is changed)

NEW YORK

NY

10011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KerryO@IUOE15.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2122060357

2. DATE

MM / DD / YYYY
03 / 28 / 2006

3. FEC IDENTIFICATION NUMBER

C C00163956

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

BRIAN S. KELLY

Signature of Treasurer

Electronically Filed by BRIAN S. KELLY

Date

MM / DD / YYYY
03 / 28 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 15, 15A, 15B, 15C, 15D AFL-CIO

Mailing Address **265 WEST 14TH STREET**

NEW YORK **NY** **10011** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

- 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 **BRIAN S. KELLY**

Mailing Address **265 WEST 14TH STREET**
ROOM 505
NEW YORK NY 10011

Title or Position ▼ **Treasurer** CITY ▲ **NEW YORK** STATE ▲ **NY** ZIP CODE ▲ **10011**

Telephone number **212 929 5327**

- 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 **BRIAN S. KELLY**

Mailing Address **265 WEST 14TH STREET**
ROOM 505
NEW YORK NY 10011

Title or Position ▼ **Treasurer** CITY ▲ **NEW YORK** STATE ▲ **NY** ZIP CODE ▲ **10011**

Telephone number **212 929 5327**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

HSBC BANK USA

Mailing Address

80 EIGHTH AVENUE

NEW YORK

NY

10011 -

CITY ▲

STATE ▲

ZIP CODE ▲

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]

WACHOVIA

Mailing Address 21 SOUTH STREET

MORRISTOWN NJ 07960

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

