

**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

Responsible Citizens Political League, A Project of the Trans. Comm. Inc. Union/AM

ADDRESS (Home or street) 3 Research Place

(Check if address is changed) Rockville MD 20850

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS pingo@tcunion.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 3018307673

2. DATE 01 / 25 / 2006

3. FEC IDENTIFICATION NUMBER C C00006338

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 Howard W. Randolph

Signature of Treasurer Electronically Filed by Howard W. Randolph Date 01 / 25 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**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
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- (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

Transportation Communications International Union (IAM) \_\_\_\_\_

Mailing Address \_\_\_\_\_ 3 Research Place \_\_\_\_\_

\_\_\_\_\_

Rockville MD 20850 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |  |
|-------------------------|-------------------------------|--|
| Corporation             | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association             | Cooperative  |

Write or Type Committee Name

**Responsible Citizens Political League, A Project of the Trans. Comm. Int'l. Union/IAA**

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 Ms Cindy Ping

Mailing Address 3 Research Place

Rockville MD 20850

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian Telephone number 301 - 948 - 4910

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 Howard W. Randolph

Mailing Address 3 Research Place

Rockville MD 20850

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 301 - 948 - 4910

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.

SunTrust Bank

Mailing Address

1445 New York Avenue, NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ