Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Transport Workers Union of America Political Contributions Committee 1220 19th St. NW Ste 600 ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address ijodonnell@twu.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00008268 FEC IDENTIFICATION NUMBER 3. X 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. Lafragola, Jerome, , , Type or Print Name of Treasurer Lafragola, Jerome, , , [Electronically Filed] 02 12 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FF0 =		<b>.</b>
	COMMITTEE	Page <b>2</b>
	e 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domooratia
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	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 se committee. (i.e., nonconnected committee)	egregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

$\Gamma$			
FEC Form 1 (Revised			Page 3
Write or Type Committee Nam			
Transport Work	ers Union of America Political (	Contributions	Committee
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leaders	hip PAC Sponsor
Transport Workers Ur	ion of America		
Mailing Address	1220 19th St. NW Ste 600		
	Washington	DC 20036	
	CITY	CTATE	7ID CODE
	CITY	STATE	ZIP CODE
Relationship: x Connecte	d Organization Affiliated Committee Joint Fundraising	g Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and posi	tion of the person in pos	ssession of committee
Lafragola Full Name	Jerome, , ,		
Mailing Address	1220 19th St. NW Ste 600		
	Washington	DC 20036	
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	Telephone nui	mber	719 - 3980
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the na	me and address of
Full Name Lafragola, of Treasurer	Jerome, , ,		
Mailing Address	1220 19th St. NW Ste 600		
	Washington	DC 20036 STATE	ZIP CODE
Title or Position	OH I	SINIL	740 0000

Telephone number

FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes o Name of Bank, Depos	sitory, etc.	us, noias accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  Morgan Chase Bank  1166 Avenue of the Americas 20	
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  Morgan Chase Bank  1166 Avenue of the Americas 20	10036
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  Morgan Chase Bank  1166 Avenue of the Americas 20	
safety deposit boxes of Name of Bank, Depos	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036
safety deposit boxes of Name of Bank, Depos	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036
safety deposit boxes of Name of Bank, Depos    JP	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036
safety deposit boxes of Name of Bank, Depos	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036
safety deposit boxes of Name of Bank, Depos    JP	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036
safety deposit boxes of Name of Bank, Depose	Morgan Chase Bank  1166 Avenue of the Americas 20  New York  CITY  STATE	10036