FEC FORM 1	STATEMEN ORGANIZ	-	Of	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number and street) (Check if address is changed)	6601 Winchester Ave			
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS accounting@iuoelocal101.c Optional Second E-Mail Add cm@iuoelocal101.org			
COMMITTEE'S WEB PAGE AU (Check if address is changed)	DDRESS (URL)			
2. DATE 01 / D	16 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N		00114850		
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 i	s true, correct and	complete.
Type or Print Name of Treasur	er Mason, Contrell, , ,			
Signature of Treasurer Mag	son, Contrell, , ,		Date 01	16 / Y Y Y Y 2024
NOTE: Submission of false, error		may subject the person signing th TION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ntact:	FEC FORM 1 (Revised 06/2012)

Image# 202401169600078392

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information belo	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 committee. (i.e., nonconnected committee)	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 accounts	(Hybrid PAC).

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

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۷	Vrite or Type Committee Name		
	International Unio	on of Operating Engineers Local 101 Political Action C	ommittee
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
	International Union o	f Operating Engineers Local 101 Political Action Committee	
	Mailing Address	6601 Winchester Ave	
		Ste 280	

	Kansas City			MO	64133
		CITY A		STATE A	ZIP CODE
Relationship:	X Connected Organization	Affiliated Organization	Joint Fundraisin	ig Representative	E 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.

Mason, Co	ntrell, , ,
Full Name	
Mailing Address	6601 Winchester Ave
	Ste 280
	Kansas City MO 64133
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 816 - 737 - 8600

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	Mason, Contrell, , ,
Mailing Address	6601 Winchester Ave
	Ste 280
	Kansas City MO 64133
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
	Image:

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Full Name of Designated Agent		
Mailing Address	1	
	1	
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	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.

	Arvest Bank		
Mailing Address	PO Box 799		
	Lowell	AA 72745	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
	Security Bank of Kansas City		<u> </u>
Mailing Address	Security Bank of Kansas City 701 Minnesota Ave.		· · · · · · · · · · ·
Mailing Address			

STATE 🔺

ZIP CODE 🔺

EC Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

i(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	-	rganization, Affiliated Committee, Joint Fundrais	• •	• • •
EN				
I	Mailing Address	1125 17TH ST, NW		
				20036
I	Relationship:	CITY A	STATE	
	Connected	Organization × Affiliated Committee	undraising Represent	ative
B. Desigi	nated Agent: Identify	by name, address (phone number - optional)		
-	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	III Name			
Fu	II Name			
Fu	III Name		STATE A	
Fu Ma T	III Name		bhone Number	
Fu Ma T 	III Name		bhone Number	
Fu Ma T 	ailing Address		bhone Number	
Fu Ma T 	ailing Address		bhone Number	
Fu Ma T 	III Name		bhone Number	
Fu Ma T 	Ill Name		bhone Number	
Fu Ma T 	Ill Name		bhone Number	