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) MIDWEST Region Laborers' Political League 1 North Old State Capitol Plaza, S ADDRESS (number and street) (Check if address is changed) Springfield 62701 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sstott@midwestlaborers.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00342907 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. Mr. Sean T Stott Type or Print Name of Treasurer Mr. Sean T Stott [Electronically Filed] 19 2014 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 Only Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE	i aye <b>£</b>
Candid	ate 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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) >	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number	
4.		

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FEC Form 1 (Revised 0 Write or Type Committee Name	2/2009)	Page <b>3</b>
_	on Laborers' Political League	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	Union, Midwest Region	
Mailing Address	1 North Old State Capitol Plaza	
	Suite 525	
	Springfield	-
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. totallollapi.	organization primated committee points and along respictor nations	
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in p	possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name Mr. Sean T	Stott	
of Treasurer	1 N Old State Capitol PL	
Mailing Address		
	Suite 525	
	Springfield IL 62701	
Title or Position , Director of Governme	CITY STATE	ZIP CODE 522   3381

Telephone number

FEC Form 1 (Re	evised 0.272009)	Page <b>4</b>
Full Name of Designated Agent Jamie	e LaFauce	
Mailing Address	1 North Old State Capitol Plaza	
	Suite 525	
	Springfield IL  CITY STAT	62711 E ZIP CODE
Title or Position Assistant Treasurer	Telephone number	217 - 522 - 3381
safety deposit boxes or Name of Bank, Deposito	ory, etc.	
Name of Bank, Deposito		
Name of Bank, Deposite	ory, etc.  Dis National Bank  322 E. Capitol Avenue	
Name of Bank, Deposite	ory, etc.  Dis National Bank  322 E. Capitol Avenue	L 62701
Name of Bank, Deposite	ory, etc.  Dis National Bank  322 E. Capitol Avenue	
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