FEC FORM 1	STATEMENT ORGANIZATI		P Office Use Only	AGE 1 / 6
1. NAME OF COMMITTEE (in full)		ample:If typing, type er the lines.	12FE4M5	
	94B IUOE POLITICA			
ADDRESS (number and street) (Check if address is changed)			NY 10036 STATE ▲ ZIP C	·
COMMITTEE'S E-MAIL ADDF				
 (Check if address is changed) 	billfaranda@local94.com Optional Second E-Mail Address raymacco@local94.com			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 03	30 ⁷ Y Y Y Y 2016			
3. FEC IDENTIFICATION	NUMBER ► C C004314	60		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined Type or Print Name of Treasu	this Statement and to the best of my rer RAYMOND MACCO	knowledge and belief it is	s true, correct and complete.	
Signature of Treasurer	YMOND MACCO	[Electronically Filed]	Date 03 30	Y Y Y Y 2016
NOTE: Submission of false, erro	neous, or incomplete information may su ANY CHANGE IN INFORMATION SH			U.S.C. §437g.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		

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TYPE OF COMMITTEE	
Candidate 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.)	mplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate I	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s 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.)	
Joint Fundraising 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
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

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Write or Type Committee Name

-

LOCAL 94-94A-94B IUOE POLITICAL ACTION COMMITTEE

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6.

LOCAL 94-94A-94			
Mailing Address	331-337 WEST 44TH STREET		
		NY 10	0036
	CITY	STATE	ZIP CODE
Relationship: X Conn	ected Organization	Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optiona	I) and position of the person	in possession of committee

WILLIAM	FARANDA
Full Name	
Mailing Address	331-337 WEST 44TH STREET
	[
	NEW YORK NY 10036 Image: Imag
Title or Position	CITY STATE ZIP CODE
	Telephone number 212 331 1839

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	
Mailing Address	331-337 WEST 44TH STREET
	NEW YORK
	CITY STATE ZIP CODE
Title or Position	Telephone number 212 331 1833

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Full Name of Designated Agent	HART			1															1				
Mailing Address	331-337 V	VEST 4	4TH S	STRE	ET																		
		RK │											NY			1	0036		_	-[
				CIT	Y							S1	ATE	2				ZI	c د	ODE	-		
Title or Position								Tele	epho	one	nun	ıbe	r		21	2] – [24	5]-[7	040	

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.

l	JP MORGAN CHASE, NA		
Mailing Address	1166 AVENUE OF THE AMERICAS		
	15TH FLOOR		
		NY 1	0036
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY	STATE	ZIP CODE

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FEC Form 1G (Revis	ATEMENT OF ORGANIZA		Page 5
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository	aintains funds.	ommittee deposits funds, I	nolds accounts, rents
]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Mailing Address	44-40 11TH STREET		
Relationship:		STATE	
Connected Organization	X Affiliated Committee Joint Fundraising	Representative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_

Title or Position	CITY 📥	STATE	ZIP CODE
	т	elephone number	
Joint Fundraiser Participant		_	[ADDITIONAL]
		FEC ID number	

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form	1G (Re	vis	sed	06	6/20	011)																							 		F	Pag	e	6	
Banks or Other I safety deposit box Name of Bank, Do	xes (or r	na	int	ain				ba	nks	or	oth	er o	dep	osi	torie	es i	n w	hic	h th	ie c	om	mit	tee	de	pos	sits	fun	ds,				nts, 'IO				
			L	I	⊥		1				1	1	1	1		1	1	1		1	I		1	1		I		1									
Mailing Address					L		I	1	1		1	1	1	1	I	1		I	I	I	1	1	1		1	I	1	1	1	L							1
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													CI	ТΥ	⊿										ST	АΤ	E∡	2			z	IP (cor	DE	Δ		

[ADDITIONAL]
adership PAC Sponsor

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	rganization, Affiliated Committee, Joint Fundr DUCATION COMMITTEE (EPEC)/INTERNA		
Mailing Address	1125 17th St, NW		
	Washington		20036
Relationship:	CITY	STATE	ZIP CODE
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🖨	STATE	ZIP CODE 🖨
		Telephone number	
loint Fundraisor Participar			[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number