

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 COPE

ADDRESS (number and street)

8555 16th Street, Ste 550



(Check if address is changed)

5 th Floor

SILVER SPRING

CITY ▲

MD

STATE ▲

20910

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

robin@opeiu-local2.org

Optional Second E-Mail Address

lbridges@opeiu-local2.org

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

12 / 15 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00135707

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 Ms Linda Bridges

Signature of Treasurer

Ms Linda Bridges

[Electronically Filed]

Date

12 / 15 / 2015

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: ☐ House ☐ Senate ☐ President State District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

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	_____

Write or Type Committee Name

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 COPE

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

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 COPE

Mailing Address

8555 16th Street, Ste 550

5 th Floor

SILVER SPRING

MD

20910

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ 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.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Ms Linda Bridges

Mailing Address

8555 16th Street

Suite 550

Silver Spring

MD

20910

CITY

STATE

ZIP CODE

Title or Position
Secretary/Treasurer

Telephone number

301

608

8080

Full Name of
Designated
Agent

Mailing Address

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.

MT&T Bank

Mailing Address

8521 Colesville Road

Silver Spring

MD

20910

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE