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ROSEMAN LAW OFFICES, LLC

ATTORNEYS AT LAW
1120 LINCOLN STREET, SUITE 1306 • DENVER, COLORADO 80203
(720) 917-1300 • FAX (303) 861-9214

BARRY D. ROSEMAN

BARRY@ROSEMANLEGAL.COM

SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

October 22, 2019

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Re: *Stand Up for Workers PAC*

Dear Sir or Madam:

Consistent with the stipulated judgment in *Carey v. FEC*, the Stand Up for Workers Political Action Committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Sincerely,

ROSEMAN LAW OFFICES, LLC

Barry D. Roseman

Barry D. Roseman

cc: J. Arthur Smith III, Esq.
James Kaster, Esq.
Elizabeth Rader, Esq.

RECORDED AND INDEXED

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

S t a n d U p f o r W o r k e r s P A C

ADDRESS (number and street) (Check if address is changed) R o s e m a n L a w O f f i c e s L L C
1 1 2 0 L i n c o l n S t S u i t e 1 3 0 6
D e n v e r C O 8 0 2 0 3
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) b a r r y @ r o s e m a n l e g a l . c o m
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 10 / 21 / 2019

3. FEC IDENTIFICATION NUMBER C

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 Barry D. Roseman

Signature of Treasurer [Signature] Date 10 / 21 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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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

Stand Up for Workers PAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

B e t s y R a d e r

Mailing Address

B e t s y R a d e r L a w L L C

8 2 8 3 F a i r m o u n t R o a d

N o v e l t y [O H] 4 4 0 7 2

Title or Position

CITY

STATE

ZIP CODE

C u s t o d i a n o f R e c o r d s

Telephone number

4 4 0 - 3 8 2 - 6 4 7 4

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

B a r r y D . R o s e m a n

Mailing Address

R o s e m a n L a w O f f i c e s L L C

1 1 2 0 L i n c o l n S t . S u i t e 1 3 0 6

D e n v e r [C O] 8 0 2 0 3

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

7 2 0 - 9 1 7 - 1 3 0 0

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

A, m, a, l, g, a, m, a, t, e, d, B, a, n, k

Mailing Address

2, 7, 5, S, e, v, e, n, t, h, A, v, e, n, u, e

[Empty grid for Mailing Address line 2]

N, e, w, Y, o, r, k N, Y 1, 0, 0, 0, 1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Optional Supplemental Information
for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number C _____
FEC ID number C _____
FEC ID number C _____
FEC ID number C _____

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

Mailing Address _____

_____ - _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

_____ - _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

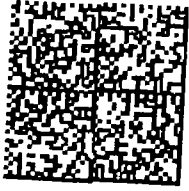
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DUTTEN
& GOLDEN LLP
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RK, NY 10017

WASHINGTON DC 20540



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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES
 PREPARER 10/28/09
DATE PREPARED

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