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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Southwest Regional Council of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters & Joiners of America 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@olsonremcho.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00285593 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Langford, Daniel, , , Type or Print Name of Treasurer Langford, Daniel, , , [Electronically Filed] 10 2020 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE & Committee:	<u> </u>
(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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Domogratio
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 scommittee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	4.	FEC ID number C	

l		I
FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
Southwest Regional Council of	of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters	& Joiners of America
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Carpenters Federal PA	AC of Philadelphia Metropolitan Regional Council of Carpe	nters
Mailing Address	1803 Spring Garden Street	
	Philadelphia PA 19130	- -
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Andrews, E	Emily A., , ,	1
Full Name	,555 Capitol Mall, Suite 400	
Mailing Address		
	Sacramento CA 95814	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		442
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Langford, C	Daniel, , ,	
Mailing Address	533 S. Fremont Avenue, 10th Floor	
	Los Angeles CA 90071	
T01 B 10	CITY STATE	ZIP CODE
Title or Position Treasurer		228 - 8494

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Full Name of Designated Agent	Curtin, Daniel, , ,	
Mailing Address	533 S. Fremont Avenue, 10th Floor	
	Los Angeles CITY STATE ZI	IP CODE
Title or Position Assistant Treasu		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	accounts, rents
	Wells Fargo Bank	
Mailing Address	400 Capitol Mall	
	Sacramento CA 95814	
	CITY STATE Z	IP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE Z	IP CODE

FEC Form 1S (Revised 02/2017)

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

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	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spor
	ood of Carpenters & Joiners of Americ		
Mailing Address	101 Constitution Avenue, NW		
	Washington	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
x Connect	ted Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
	tify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITIO Anks or Other Deposite of the property deposit boxes or respect to the property deposit boxes.	CITY A Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reame of Bank,	CITY A Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reame of Bank,	CITY A Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit fety deposit boxes or reame of Bank, epository, etc.	CITY A Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit affety deposit boxes or reame of Bank, epository, etc.	CITY A Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE A

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

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5(g) or (h).	Joint Fundraising	Participant:	
1.			FEC ID number C
2.			FEC ID number
3.			FEC ID number C
4.			FEC ID number
	-	rganization, Affiliated Committee, Joint Fundrais Carpenters/Joiners of Amer New England	ing Representative, or Leadership PAC Sponsor Reg Carpenters Legistative Emp Cmte
I	Mailing Address	750 Dorchester Avenue	
		Boston	, MA , 02125
	Relationship:		STATE ▲ ZIP CODE ▲
'		CITY A	
	Connected C	Organization Affiliated Committee Joint Full	ndraising Representative Leadership PAC Sponsor
8. Desig i	nated Agent: Identify b	by name, address (phone number - optional)	
Fu	ıll Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ma	ailing Address		
		1	
т	TILE OR POSITION V	CITY A	STATE ▲ ZIP CODE ▲
Ĺ		1	phone Number
-			
safety Name	or Other Depositorie deposit boxes or main of Bank, iitory, etc.	es: List all banks or other depositories in which the stains funds.	committee deposits funds, holds accounts, rents

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

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h). Joint Fundraisi	ng Participant:		
1. <u> </u>	 	FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Carpenters Legis	lative Improvement Committee Unite	ed Brotherhood of	Carpenters and Join
	101 Constitution Ave, NW 10th FI W		
Mailing Address	101 Constitution Ave, NVV 10th 11 VV		
	Washington	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marketers.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected Working for Worki	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	6801 Placid Street		
		Las Vegas	NV	89119
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.		y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	ivialility Address			
	ivialility Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
		•		ZIP CODE A
9.	TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	
9.	TITLE OR POSITION	ries: List all banks or other depositories in which taintains funds.	STATE A	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number the committee deposite	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number the committee deposite	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number the committee deposite	