

**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

My Committee COMPRESSED AIR FREE AIR FOUNDATION TUNNEL CAISSON SUBWAY WORKERS POLITICAL ACTION FUND LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL 147 PAC FUND

ADDRESS (number and street)

4332 KATONAH AVENUE

☐ (Check if address is changed)

BRONX

CITY ▲

NY

STATE ▲

10470

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Rfitz@liuna147.org

Optional Second E-Mail Address

Chrisfitz@liuna147.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
06 / 15 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00111237

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 FITZSIMMONS, RICHARD, T., Mr.,

Signature of Treasurer

FITZSIMMONS, RICHARD, T., Mr.,

[Electronically Filed]







Date

MM / DD / YYYY  
06 / 15 / 2017

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)

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

My Committee COMPRESSED AIR FREE AIR FOUNDATION TUNNEL CAISSON SUBWAY WORKERS POLITICAL ACTION FUND LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL 147 PAC FUND

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

Laborers International Union of North America Local 147

Mailing Address

4332 Katonah Ave

Bronx

NY

10470

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

Jannelli, Robert, , ,

Mailing Address

340 North Avenue

Cranford

NJ

07016

Title or Position

CITY

STATE

ZIP CODE

Accountant

Telephone number

908

272

7000

**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

FITZSIMMONS, RICHARD, T., Mr.,

Mailing Address

4332 KATONAH AVE.

BRONX

NY

10470

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Telephone number

718

994

6664

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.

COUNTRY BANK

Mailing Address

200 EAST 42ND STREET

NEW YORK

NY

10017

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Signature Bank

Mailing Address

565 Fifth Avenue

New York

NY

10017

CITY

STATE

ZIP CODE