PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMIT 205 JEFFERSON ROAD ADDRESS (number and street) (Check if address is changed) **PARSIPPANY** 07054 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lu274bm@uanet.org (Check if address is changed) Optional Second E-Mail Address llu274op1@uanet.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00190991 FEC IDENTIFICATION NUMBER 3. X 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. STILES, MICHAEL J, , , Type or Print Name of Treasurer STILES, MICHAEL J, , , [Electronically Filed] 03 2019 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.

Į.	Office		For further information contact:
.	Use		Federal Election Commission
			Toll Free 800-424-9530
	Only		Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	aldate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>3</b>
V	Vrite or Type Com		
I	PIPEFITT	ERS LOCAL UNION NO 274 POLITICAL ACTION COI	MMITTEE
6.	Name of Any C	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
P	ipefitters Loc	cal Union No. 274	
_			
	Mailing Address	205 Jefferson Road	
		Parsippany NJ 07054	
		CITY STATE ZIP	CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
<b>'</b> .	Custodian of Robooks and record	ecords: Identify by name, address (phone number optional) and position of the person in possess ds.	sion of committee
		STILES, MICHAEL J, , ,	
	Full Name	,1008 MIZZEN AVENUE	
	Mailing Address		
		BEACHWOOD NJ 08722	
	Title or Position	CITY STATE ZIP	CODE
	Treasurer		
3.		he name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
	Full Name	STILES, MICHAEL J, , ,	1
	of Treasurer	J1008 MIZZEN AVENUE	
	Mailing Address		

NJ

STATE

Telephone number

08722

201

ZIP CODE

4700

943

BEACHWOOD

Title or Position Treasurer CITY

Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes or Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc.  Bank	
Name of Bank, Deposit	Bank  126 N. Washington Avenue	07621
Name of Bank, Deposit	Bank  126 N. Washington Avenue	07621 ZIP CODE
Name of Bank, Deposit	Bergenfield  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	Bergenfield  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	Bergenfield  CITY  STATE  Tory, etc.	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit  Bar	Bergenfield  CITY  STATE  Tory, etc.	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit  Bar	Bank  126 N. Washington Avenue  Bergenfield  CITY  STATE  Cedar Lane & Palisade Avenue  Cedar Lane & Palisade Avenue	

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositors of Bank, Depository, etc.  Mailing Address	pries: List all ba	CITY   nks or other depositor		STATE A phone Number	ZIP CODE A  its funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety	pries: List all ba			STATE ▲	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety	pries: List all ba			STATE ▲	
Mailing Address  TITLE OR POSITION  Banks or Other Depositors of the deposit boxes or management of Bank,	pries: List all ba			STATE ▲	
Mailing Address  TITLE OR POSITION  Banks or Other Depositor	pries: List all ba			STATE ▲	
Mailing Address  TITLE OR POSITION				STATE ▲	
Mailing Address		CITY A	Telep	STATE A	ZIP CODE A
Mailing Address		CITY A			ZIP CODE A
Full Name					
E. II Nama					
Designated Agent: Identif	y by name, add	ress (phone number –	optional)		
Connecte	d Organization	X Affiliated Committee	9 Joint Fu	undraising Represen	tative Leadership PAC Spr
Relationship:		CITY 🛦		STATE A	ZIP CODE ▲
	ANNAPOLIS	S .		MD	21401
Č					
Mailing Address	THREE PAR	RK PLACE			
-	_				ve, or Leadership PAC Spons JOURNEYMEN AND APP
4 1 1 1 1 1 1				FEC ID number	C
3. <u> </u>				FEC ID number	C
3.				EEC ID number	C