Only

PAGE 1 / 6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) International Union of Operating Engineers Local 15 A B C D Political Action Committee 44-40 11th Street ADDRESS (number and street) (Check if address is changed) Long Island City 11101 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address kylieg@iuoe15.org is changed) Optional Second E-Mail Address mamahon@snpcpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2024 C00163956 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. Type or Print Name of Treasurer LaRosa, Anthony, R, 05 01 2024 Signature of Treasurer LaRosa, Anthony, R,, Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

_	
FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Cominformation below.)	nplete the candidate
Name of Candidate	
Candidate Office House Senate Preside	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate Party Committee:	
(Mational, State (De	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
	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 se committee. (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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (H	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. C	

Treasurer

•	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
V	Irite or Type Committee Name			
	International Union	of Operating Engineers Local 15 A	B C D Political Action	n Committee
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leader	ship PAC Sponsor
	International Union of	f Operating Engineers Local 15 A B C D	)	
	Mailing Address	44-40 11th Street		
		Long Island City	NY   11101	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fu	ndraising Representative	Leadership PAC Spons
7.	books and records.	fy by name, address (phone number optional) and p	osition of the person in possess	sion of committee
	LaRosa, Ar	ıthony, R, ,		
	Mailing Address	44-40 11th Street		
		Long Island City	NY 11101	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telepho	one number 212	929 5327
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the n	ame and address of
	Full Name LaRosa, Ar of Treasurer	nthony, R, ,		
	Mailing Address	44-40 11th Street		
		Long Island City	NY 11101	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

5327

929

Telephone number

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number	
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  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.  Flagstar Bank, N.A.  Mailing Address  STATE ▲ ZIP CODE ▲  Telephone number	
Title or Position ▼    Telephone number	
Title or Position ▼    Telephone number	
Title or Position ▼    Telephone number	
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.  Flagstar Bank, N.A.  Mailing Address  S65 Fifth Avenue	
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.  Flagstar Bank, N.A.  Mailing Address  565 Fifth Avenue	
Name of Bank, Depository, etc.  Flagstar Bank, N.A.  Mailing Address  Section 1. Section	
Flagstar Bank, N.A.  Mailing Address  [565 Fifth Avenue]	
Mailing Address  565 Fifth Avenue	
Mailing Address	
New York NY 10017	
New York NY 10017	
CITY ▲ STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
	Ш
Mailing Address	
CITY ▲ STATE ▲ ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** 6\_\_\_\_

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundra		
Mailing Address	1125 17TH ST, NW		
Relationship:	WASHINGTON  CITY	DC STATE A	20036 ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	<b>▼</b>	STATE A  lephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in which reaintains funds.	lephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not boxes or not boxes.	ories: List all banks or other depositories in which reaintains funds.	lephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or other depositories in which anaintains funds.	lephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or other depositories in which anaintains funds.	lephone Number	

FEC Form 1S (Revised 02/2017)

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

	of 6
Page	of <sup>o</sup>

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fur		
NEW YORK STATE	CONFERENCE OF THE INTERNATIONAL UI	NION OF OPERATING	ENGINEERS FED VPAF (N
Mailing Address	44-40 11TH STREET		
	LONG ISLAND CITY	NY	11101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte esignated Agent: Identi	d Organization X Affiliated Committee Jof Jof fy by name, address (phone number – optional)	oint Fundraising Represent	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A