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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. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B VOLUNTARY POLITICAL COMMITTEE 159-18 NORTHERN BOULEVARD ADDRESS (number and street) (Check if address is changed) **FLUSHING** 11358 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cpalazzolo@iuoelocal14.com (Check if address is changed) Optional Second E-Mail Address Eddie@iuoelocal14.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2019 C00134726 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. Christian, Edwin, L.,, Type or Print Name of Treasurer Christian, Edwin, L.,, [Electronically Filed] 10 02 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. 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)

г	EC Ec	m 1 (Pavisad 02/2000)	Page <b>2</b>
		m 1 (Revised 02/2009)  DMMITTEE	raye <b>Z</b>
Can	didate	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. (Compinformation below.)	plete the candidate
Name Cand			
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Com	mittee:	
(d)			Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
. ,		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 secommittee. (i.e., nonconnected committee)	gregated 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 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.	o or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)		Page <b>3</b>
Write or Type Committee Name	9		
INTERNATIONAL UNION	I OF OPERATING ENGINEERS LOCA	AL 14-14B VOLUNTARY	POLITICAL COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fu	ndraising Representative, or	Leadership PAC Sponsor
INTERNATIONAL UN  Mailing Address	159-18 NORTHERN BOULEVARD  FLUSHING  CITY	ERS LOCAL 14-14B	11358 ZIP CODE
	ntify by name, address (phone number opti		
books and records.	- J - J	, , , , , , , , , , , , , , , , , , , ,	ļ
Full Name Christian, Mailing Address	Edwin, L., ,		
	Flushing	NY	11358
Title or Position	CITY	STATE	ZIP CODE
PRES & BUSINESS MGR		Telephone number 718	
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; and	d the name and address of
Full Name Christian, I	Edwin, L., ,		
Mailing Address	159-18 Northern Boulevard		
	Flushing	NY [	11358 ZIP CODE
Title or Position TREASURER		Telephone number 718	939 0600

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Full Name of Designated Agent Palazzo	olo, Christine, , ,		
Mailing Address	159-18 Northern Boulevard		
	Flushing CITY	STATE	ZIP CODE
Title or Position OFFICE MANAGER		one number 718	939 0600
safety deposit boxes or m Name of Bank, Depositor	y, etc.	committee deposits fund	ds, holds accounts, rents
HSB			
Mailing Address	1 OLD COUNTRY ROAD		
	CARLE PLACE	NY NY	11514
	СІТҮ	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Mailing Address			
			1

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraising</b>	. a. tio.panti			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
	Organization, Affiliated Committe EDUCATION COMMITTEE (EP			
	(			
Mailing Address	1125 17TH ST. NW			
	WASHINGTON		DC	20036
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Organization X Affiliated Comm		undraising Represent	ative Leadership PAC S
	Organization		undraising Represent	ative Leadership PAC S
esignated Agent: Identify	_		undraising Represent	Leadership PAC S
esignated Agent: Identify  Full Name	_		undraising Represent	Leadership PAC S
esignated Agent: Identify  Full Name	_	er — optional)		Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number	er — optional)		
esignated Agent: Identify  Full Name	by name, address (phone number	er — optional)		
Full Name Mailing Address	by name, address (phone number of the control of th	er – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mai	by name, address (phone number of the control of th	er – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number of the control of th	er – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number of the control of th	er – optional)	STATE A	ZIP CODE A

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

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5(g) o	or(h). <b>Joint Fundraisi</b> n	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint Fundra		
	NEW YORK STATE CO	ONFERENCE OF THE INTERNATIONAL UNION C	F OPERATING ENG	INEERS FED VPAF (NYS
	Marilla et Aulalus au	44-40 11TH STREET		
	Mailing Address			
		1010 101 117 1171	<b>.</b>	
		LONG ISLAND CITY	L NY	11101
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	/ by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	•	STATE A	ZIP CODE A
	Mailing Address	•		ZIP CODE A
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito	ries: List all banks or other depositories in which t	ephone Number	
	Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in which t	ephone Number	
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito	ries: List all banks or other depositories in which t	ephone Number	
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	ries: List all banks or other depositories in which t	ephone Number	
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	ephone Number	
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	ephone Number	