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) AFL-CIO COPE Political Contributions Committee 815 Black Lives Matter Plaza NW ADDRESS (number and street) (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smathews@aflcio.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2022 C00003806 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. Redmond, Fredrick, , , Type or Print Name of Treasurer Redmond, Fredrick, , , [Electronically Filed] 01 30 2022 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 (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	1 aye <b>2</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. (Cominformation below.)	plete the candidate
Namo Cano	e of lidate		
	lidate ⁄ Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(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 cor	nected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Func	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.	vo 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
	Com	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				i aye <b>3</b>
•	E Political Contribut	ions Commi	ttee	
	Organization, Affiliated Committee,			Landarchin BAC Spancar
	organization, Anniated Committee, S	Joint Fundraising Repri	esentative, oi	LeaderShip PAC Sponsor
AFL-CIO				
Mailing Address	815 Black Lives Matter Plaza NW			
	Washington		DC	20006
	CITY		STATE	ZIP CODE
Relationship: <b>x</b> Connected	d Organization Affiliated Committee	e Joint Fundraising	Representativ	e Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone numbe	er optional) and position	on of the pers	son in possession of committee
Mathews,	Shikha, , ,			1
Full Name	815 Black Lives Matter Plaza NW			
Mailing Address				
			D0	.20006
	Washington		DC	20006
Title or Position	CITY		STATE	ZIP CODE
Custodian of Records		Telephone num	ber	
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the	committee; ar	nd the name and address of
Full Name Redmond,	Fredrick, , ,			1
of Treasurer	1045 Disabilities Matter Disability			
Mailing Address	815 Black Lives Matter Plaza NW			
	Washington		DC	20006
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone numl	ber	

FEC <b>For</b> i	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Gebre, Tefere, , ,	
Agent	915 Dlock Lives Metter Dieze NIM	
Mailing Address	815 Black Lives Matter Plaza NW	
	Washington DC 20006	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	turer Telephone number	
safety deposit be	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holdoxes or maintains funds.  Depository, etc.	ds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.	ds accounts, rents
safety deposit be	Depository, etc.  Amalgamated Bank of Chicago	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank of Chicago	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank of Chicago  One West Monroe	ds accounts, rents
safety deposit be Name of Bank,	One West Monroe  Chiacgo  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	One West Monroe  Chiacgo  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank of Chicago  One West Monroe  Chiacgo  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank of Chicago  One West Monroe  Chiacgo  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank of Chicago  One West Monroe  Chiacgo  CITY  STATE  Depository, etc.	

FEC Form 1S (Revised 02/2017)

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

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

h). <b>Joint Fundraisi</b> i	1	FFC ID number	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spor
-	Building Trades Unions Political Educ		.,
Mailing Address	815 16th St., NW		
	Ste 600		
	Washington	l DC	20006
Relationship:	CITY A	STATE A	ZIP CODE A
			_
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identife Full Name Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A