FEC

STATEMENT OF

PAGE 1/6

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) NORTH ATLANTIC STATES REGIONAL COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE, UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA 750 Dorchester Ave ADDRESS (number and street) (Check if address is changed) **Boston** 02125 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sjoyce@nasrcc.org (Check if address is changed) Optional Second E-Mail Address ıjgrealish@nasclmp.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00150045 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. Joyce, Stephen, , , Type or Print Name of Treasurer Joyce, Stephen, , , [Electronically Filed] 80 17 2021 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 2
TYPI	E OF C	OMMITTEE	i aye 🚣
Can	didate	e Committee:	
(a)	Ш	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
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(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 con-	nnected organization is a
		Corporation Wo 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 so 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		- 3
	COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE, UNITED BROTHERHOOD OF CAI	RPENTERS & JOINERS OF AMERICA
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NORTH ATLANTIC S	STATES REGIONAL COUNCIL OF CARPENTERS	
Mailing Address	750 DORCHESTER AVE	
	BOSTON MA 021	
Relationship: X Connecte	CITY STATE ed Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person i	in possession of committee
Grealish, Full Name	Johanna, , ,	
Mailing Address	750 DORCHESTER AVE	
	BOSTON MA 02°	125
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	- 307 - 5196
. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name Joyce, Ste	ephen, , ,	
Mailing Address	750 Dorchester Ave	
	Boston MA 021 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	5199

FEC Forn	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
		s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. Lending Tree 1 Harbor Street	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE Depository, etc.	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE Depository, etc.	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE Depository, etc.	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Lending Tree 1 Harbor Street Boston CITY STATE Depository, etc.	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

(g) or (h). Joint Fundraisi i	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
= = = = = = = = = = = = = = = = = = =	I Organization, Affiliated Committee, Joint Fund		
Mailing Address	101 CONSTIUTION AVENUE, NW		
	10TH FLOOR WEST		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identif	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			ZIP CODE A
Full Name	CITY A	STATE ▲	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE 🛦
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

TITLE OR POSITION ▼ FEC ID number C FEC ID number D FULL SCALE A FEL SCALE A ZIP CODE A TITLE OR POSITION ▼ Telephone Number Full Name Title OR POSITION ▼ Telephone Number	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	FEC ID number FEC ID number FEC ID number FEC ID number Fundraising Representati TIVE IMPROVEMENT CM CA STATE A Joint Fundraising Represer	C C C Ve, or Leadership PAC Spons TE UNITED BROTHERHOOD 95814 ZIP CODE ZIP CODE
TITLE OR POSITION ▼ FEC ID number C SACRAMENTO SA	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	FEC ID number FEC ID number Fundraising Representati TIVE IMPROVEMENT CM CA STATE A Joint Fundraising Represer	ve, or Leadership PAC Spons TE UNITED BROTHERHOOD 95814 ZIP CODE ZIP CODE
A:	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	FEC ID number Fundraising Representati TIVE IMPROVEMENT CM CA STATE A Joint Fundraising Represer	ve, or Leadership PAC Spons TE UNITED BROTHERHOOD 95814 ZIP CODE ZIP CODE
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spos SOUTHWEST REGIONAL COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT CMTE UNITED BROTHERHOOD Mailing Address SACRAMENTO	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	Fundraising Representati TIVE IMPROVEMENT CM CA STATE A Joint Fundraising Representati	ve, or Leadership PAC Spons TE UNITED BROTHERHOOD 95814 ZIP CODE ZIP CODE
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot SOUTHWEST REGIONAL COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT CMTE UNITED BROTHERHOOD Mailing Address S555 CAPITOL MALL, SUITE 400	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	TIVE IMPROVEMENT CM	95814 ZIP CODE A
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT CMTE UNITED BROTHERHOOD Mailing Address S555 CAPITOL MALL, SUITE 400	CAPITOL MALL, SUITE 400 RAMENTO CITY Affiliated Committee	TIVE IMPROVEMENT CM	95814 ZIP CODE A
Mailing Address SSS CAPITOL MALL, SUITE 400	CAPITOL MALL, SUITE 400 RAMENTO CITY ration Affiliated Committee	CA STATE A Joint Fundraising Represer	95814 ZIP CODE A
SACRAMENTO SACRAMENTO CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	RAMENTO CITY cation Affiliated Committee	STATE A Joint Fundraising Represer	ZIP CODE A
SACRAMENTO SACRAMENTO CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	RAMENTO CITY cation Affiliated Committee	STATE A Joint Fundraising Represer	ZIP CODE A
SACRAMENTO SACRAMENTO CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	RAMENTO CITY cation Affiliated Committee	STATE A Joint Fundraising Represer	ZIP CODE A
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A	CITY ▲ ration	STATE A Joint Fundraising Represer	ZIP CODE A
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A	CITY ▲ ration	STATE A Joint Fundraising Represer	ZIP CODE A
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sesignated Agent: Identify by name, address (phone number – optional) Full Name	ration X Affiliated Committee	Joint Fundraising Represer	
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sesignated Agent: Identify by name, address (phone number – optional) Full Name	ration X Affiliated Committee	Joint Fundraising Represer	
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE ZIP CODE ZIP CODE			ntative Leadership PAC Sp
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲			
TITLE OR POSITION ▼			
TITLE OR POSITION ▼			
TITLE OR POSITION ▼			
	CITY A	STATE A	ZIP CODE ▲
		Telephone Number	
		·	
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds.			
afety deposit boxes or maintains funds. ame of Bank, epository, etc.			
afety deposit boxes or maintains funds. ame of Bank,			
afety deposit boxes or maintains funds. ame of Bank, epository, etc.		1 1 1	
	_		