Only

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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 49 PAC 2829 Anthony Lane South ADDRESS (number and street) (Check if address is changed) Minneapolis 55418 MN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS cjchantry@local49.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00418400 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. Hose, Marvin, , , Type or Print Name of Treasurer Hose, Marvin, , , [Electronically Filed] Date 07 2023 Signature of Treasurer 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 2 |
|--|---|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate inform | mation below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign cor information below.) | mmittee. (Complete the candidate |
| Name of Candidate '','','','',',',',',',',',',',',',',' | |
| Candidate Office Party Affiliation Sought: House Senate | President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized | committee. |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization or | n line 6.) Its connected organization is a: |
| Corporation Corporation w/o Capital Stock | x 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 committee. (i.e., nonconnected committee) | a separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on lin | ne 6.) |
| (g) This committee is an independent expenditure-only political committee (Super PAC | C). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (h) This committee is a political committee with both contribution and non-contribution | n accounts (Hybrid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fundraising Representative: | |
| (i) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a f | |
| (j) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, none of which is an authorized committee of a federal of | |
| Committees Participating in Joint Fundraiser | |
| 1. | С |
| | |

Treasurer

| | _ | | | | _ |
|----|--|--|----------------------|------------------|----------------------------|
| | FEC Form 1 (Revised 0 | 2/2009) | | | Page 3 |
| V | Vrite or Type Committee Name | | | | |
| | International U | nion Of Operating Eng | ineers Lo | cal 49 l | PAC |
| 6. | | rganization, Affiliated Committee, Joint I | | | |
| | LINGINEERS FOLITIOAL LE | JOCATION COMMITTEE (EFEC)/HVTEN | THE TOTAL DIVION | I U U L | ING ENGINEERS |
| | | | | | |
| | Mailing Address | 1125 17TH ST NW | | | |
| | | | | | |
| | | WASHINGTON | I | DC | 20036 |
| | | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization X Affiliated Organization | Joint Fundraising | . Representati | ve Leadership PAC Sponso |
| | Trelationship. | Anniated Organization | John Tundraising | g Hepresellativ | Leadership 1 Ac Sponso |
| | | | | | |
| 7. | Custodian of Records: Identification books and records. | ify by name, address (phone number optic | onal) and position o | of the person in | n possession of committee |
| | Arbogast, C | Cristal, , , | | | |
| | Full Name | | | | |
| | Mailing Address | 2829 Anthony Lane South | | | |
| | | | | | |
| | | Minneapolis | | ı MN | . 55418 |
| | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Accountant | | Telephone num | nber | |
| | | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the assistant treasurer). | ne treasurer of the | committee; a | nd the name and address of |
| | Full Name Hose, Marv | rin, , , | | | |
| | of Treasurer | | | | |
| | Mailing Address | 2829 Anthony Lane South | | | |
| | | | | | |
| | | Minneapolis | , , , , 1 | MN | 55418 |
| | | | | | |
| | Title or Position | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |

3479

507

Telephone number

995

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|-------------------------------------|---|-------------------|------------------------------|
| Full Name of Designated Agent | Arbogast, Cristal, , , | | |
| Mailing Address | 2829 Anthony Lane South | | |
| | | | |
| | Minneapolis | MN | 55418 |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Accountant | Telephone r | number 🔲 | |
| | Depositories: List all banks or other depositories in which the commoxes or maintains funds. | nittee deposits f | funds, holds accounts, rents |
| Name of Bank, | Depository, etc. | | |
| | Union Bank and Trust Company | | |
| Mailing Address | 312 Central Avenue SE | | |
| | | | |
| | Minneapolis | MN | 55414 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, | Depository, etc. | | |
| | BMO Harris Bank | | |
| Mailing Address | P.O. Box 94033 | | |
| | | | |
| | Palatine | L IL | 60094 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

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). Joint Fundraisi | g | | |
|---|---|-------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Funda | raising Representative | e, or Leadership PAC Spon |
| International Unio | on of Operating Engineers Local 49 | | |
| | | | |
| | 2829 Anthony Lane South | | |
| Mailing Address | | | |
| | Marian | | 55440 2005 |
| | Minneapolis | MN | 55418-3285 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | t Fundraising Represent | ative Leadership PAC S |
| | Affiliated Committee Joint by by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | t Fundraising Represent | |
| esignated Agent: Identi | fy by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A elephone Number | ZIP CODE A |
| esignated Agent: Identi 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 Telepries: List all banks or other depositories in which | STATE A elephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A elephone Number | ZIP CODE A |
| esignated Agent: Identi 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 Telepries: List all banks or other depositories in which | STATE A elephone Number | ZIP CODE A |