Image#	10932100910)
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Only

FEC FORM 1		STATEMEN DRGANIZA	TIO			Office use only
1. NAME OF COMMITTEE (in t	ull)	(Check if name is changed)		nple: If typying, type the lines	12FE4M	5
	FECTIONERY TO		GRAII			L 19
ADDRESS (number and s	treet)	5 Rockside Avenu	ie I I			
(Check if address is changed)		eland	_ _			
			CITY		STATE	ZIP CODE 🔺
COMMITTEE'S E-MAI		, ,		,		
(Check if address is changed)	joan	nemh@yourbean	counte	rs.com		
lo ontangoo)						
COMMITTEE'S WEB	PAGE ADDRESS (I	IBL)				
(Check if address	bete	mlocal19.com				1
is changed)						
2. DATE 1.2	/ D D / Y	2010				
3. FEC IDENTIFICA	TION NUMBER	C	C00	249359		
4. IS THIS STATEM		V (N) OR	X	AMENDED (A)		
I certify that I have examine	and this Statement an	d to the best of my know	iledae an	helief it is true, correct a	ind complete	
, oorary matrinave exdilli			all all			
Type or Print Name of	Treasurer	Edward Thomas				
Signature of Treasurer	Electronically File	ed by Edward The	omas		Date 1	2 / 0 9 / 2 0 1 0
NOTE: Submission of fal			-	e person signing this Sta		nalties of 2 U.S.C. §437g.
Office Use				For further information Federal Election Commis		FEC FORM 1

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2009)

	FEC F	orm 1 (Revised 02/2009)	Page 2				
5.	TYPE OF CC	DMMITTEE (Check One)					
	Candidate C	ommittee:					
	(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. (Complein information below.)	ete the candidate				
	Name of Candidate						
	Candidate Party Affiliatio	on Office Sought: House Senate Presider	State State				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Comm	ittee:					
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Acti	ion Committee (PAC):					
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 a separate segreg committee. (i.e., nonconnected committee)	ated 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.)					
,	Joint Fundrai	sing Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw					

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

(h)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)	evised 02/2009)	FEC Form 1
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Write or Type Committee Name

BAKERY CONFECTIONERY TOBACCO WKRS & GRAIN MILLERS INT'L UNION LOCAL 19 POL ORG 'BCTGM'

6.	Name of Any Connected Org	anization, Affiliated Committee, Join	nt Fundraising Representa	tive, or Lea	dership PAC Sponsor	
	Bakery, Confectionery, To	pbacco Workers & Grain Miller	s Union Local No. 19			
1						
	Mailing Address	9665 Rockside Roa	ad 			
				он	44125	
		CITY	S	TATE 🛦	ZIP CODE 🔺	L .
	Relationship: X Connected Organization	Affiliated Committee	Joint Fundraising Repres	entative	Leadership PAC Sp	onsor
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone n books and records.	umber optional), and	position of	the person in	
	Full Name					
	Mailing Address					
	Title or Position ♥	CITY A				
			Telephone numbe	er		
8.	name and address of any Full Name	and address (phone number op designated agent (e.g., assistant Thomas		of the comr	nittee; and the	
	Mailing Address	9665 Rockside Ro	ad			
		Cleveland		ОН	44125	
	Title or Position ♥	CITY 🛦	S	TATEA		
	Treasurer		Telephone numb	er216	771	5386

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent	Paul LaBuda		
Mailing Address	9665 Rockside Road		
	Cleveland	ОН	44125
Title or Position ▼	CITY A	STATE 🛦	
Preside	ent T	elephone number	7715386
Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. eybank	he committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. eybank	he committee deposits funds, h	
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. eybank	he committee deposits funds, h	
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. eybank Playhouse Square Branch		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. Playhouse Square Branch City A		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. Playhouse Square Branch City A		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. Playhouse Square Branch City A	└ · · · · · · · · · · · · · · · · · · ·	
Safety deposit boxes or n Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. Playhouse Square Branch City A	└ · · · · · · · · · · · · · · · · · · ·	 44114
Safety deposit boxes or n Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. Playhouse Square Branch Playhouse Square Branch Cleveland CITY ry, etc.	└ · · · · · · · · · · · · · · · · · · ·	 44114

FEC Form 1 (Revised 02/2009)

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	s or other depositories in which the committee deposits funds,	holds accounts, rents
funds.		[ADDITIONA

Banks or Other Depositor safety deposit boxes or mair		nittee deposits funds, hold	s accounts, rents
Name of Bank, Depository,		[ADDITIONAL]
Mailing Address			
		STATE	ZIP CODE
Name of Any Connected (BCTGM International	Drganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leaders	[ADDITIONAL]
Mailing Address	10401 Connecticut Ave		
	Kensington		20895
elationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	epresentative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	
	Telep	none number	
Joint Fundraiser Participa	ant		[ADDITIONAL]
		EC ID number	