FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1 / 6 -

									Office I	Jse Only		
1. NAME OF COMMITTEE (in	n full)		Check if name s changed)		nple:If typing, ty the lines.	/pe	12FE	E4M5				
Mid-Atlantic I	Labore	rs' Polit	ical League	e/Labo	orers' Inter	natio	nal U	Inion	of N	lorth	Amer	rica
ADDRESS (number a	nd street)	1875 Exp	olorer Dr									
(Check if a is changed		Suite 920) 									
Ü	,	Reston	TY 🛦				VA STATE	J L	20190-5		- L CODE ▲	
COMMITTEE'S E-MA	AIL ADDRE	SS										
(Check if a is changed		bpetrusl	ka@maliuna.org									
			Second E-Mail Ad nyates.com	Idress								
COMMITTEE'S WEB	DAGE AD	DDESS /III	ט וס									
(Check if a	address	DUE22 (01	nL)									
is changed	d)											
2. DATE 04	M / D	4 Y	y y y y 2024									
3. FEC IDENTIFIC	CATION N	UMBER ▶	C c	00429175	,							
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDED	(A)						
certify that I have e	examined th	nis Stateme	nt and to the best	t of my k	nowledge and b	elief it is	s true, c	orrect a	and cor	nplete.		
Type or Print Name	of Treasure	r <u>Petruska</u>	a, Brian, , ,									
Signature of Treasure	er Petru	uska, Brian, ,	,			[Date	04	/ D	14	202	
NOTE: Submission of	false, erron		omplete information	-						alties of	52 U.S.C	. §30109.
Office Use Only					For further inform Federal Election Co Toll Free 800-424-9 Local 202-694-1100	ommission 9530				C FC evised 0	PRM 1 (6/2012)	

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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. (Complet information below.)	te the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(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 (Democratic or subordinate) committee of the Republication (National, State (Democratic or subordinate) committee of the Republication (National, State (Democratic or subordinate) committee of the Republication (National, State (Democratic or subordinate) committee of the Republication (National, State (Democratic or subordinate) committee of the Republication (National, State (Democratic or subordinate) committee of the Republication (National, State (N	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a:
Corporation Corporation w/o Capital Stock	or Organization
Membership Organization Trade Association Cod	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	id PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	•
(j) 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.	wo or more political
Committees Participating in Joint Fundraiser	
1. C	

Treasurer

	_			
I	FEC Form 1 (Revise	od 03/3000)		Page 3
V	Vrite or Type Committee Na	·		raye y
		orers' Political League/Laborers' Internat	ional Union of	North America
6.		d Organization, Affiliated Committee, Joint Fundraising Re		
	-	onal Union of North America		
	Mailing Address	905 16th St., NW		
	ag / taaeee			
		Weekington	DC 00	.000
		Washington	DC 20	006
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connec	ted Organization Affiliated Organization Joint Fundrai	sing Representative	Leadership PAC Sponso
	Custodian of Baserday la	legify by name address (abone number entional) and position	on of the person in per	acceptant of committee
7.	books and records.	lentify by name, address (phone number optional) and position	on or the person in pos	ssession of committee
	lonos	Kelly, , ,		
	Full Name	Neily, , ,		
	Mailing Address	1875 Explorer Drive		
		Suite 920		
		Reston	\/A 20	100
		Resion	VA 20	190
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone ı	number 703	- 860 - 4194
8.		and address (phone number optional) of the treasurer of	the committee; and the	ne name and address of
	any designated agent (e.	g., assistant treasurer).		
		ka, Brian, , ,		
	of Treasurer	1875 Explorer Dr		
	Mailing Address			
		Suite 920		
		Reston	VA 20	190
		CITY A	CTATE A	ZID CODE A
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲

703

Telephone number

860

4194

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	PNC Bank	
Mailing Address	950 Herndon Parkway	
	Herndon VA	20170
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of	6
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	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fo		e, or Leadership PAC Spons
LABORERS' INTER	RNATIONAL UNION OF NORTH AMERICA	A (LIUNA) PAC	
Mailing Address	906 16th St NW		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Full Name L			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ▼ CITY ▲	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ¥	1	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ▼	Telephone Number	
Mailing Address TITLE OR POSITIO Banks or Other Deposite safety deposit boxes or respectively.	N ▼	Telephone Number	
Mailing Address TITLE OR POSITIO	tories: List all banks or other depositories in wl	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Deposite safety deposit boxes or resolved by the safety deposit by the	tories: List all banks or other depositories in wl	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Depositions afety deposit boxes or responsitions, etc.	tories: List all banks or other depositories in wl	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Depositions afety deposit boxes or responsitions, etc.	tories: List all banks or other depositories in wl	Telephone Number	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

D	- 6
Page	of ⁶

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fundal Union of North America Political Fund	draising Representative	e, or Leadership PAC Spons
	La Chion of North America i Chiocari dila		
Mailing Address	905 16th St., NW		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte con	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	Zano Zanasionip i Ale Gr
		I randalong represent	Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A