STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office was such
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
American Post	tal Workers Union Committee o	on Political Action		
ADDRESS (number and s	treet) 1300 L Street NW			
(Check if address is changed)				
is changed)	Washington		DC L	20005
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00010322	_	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my k	nowledge and belief it is true, corre	ct and complete	
Type or Print Name of ⁻	Treasurer Elizabeth Powe	ell .		
Signature of Treasurer	Electronically Filed by Elizabet	n Powell	Date 0 2	/ 01 / Y Y Y Y O
NOTE: Submission of fals	se, erroneous, or incomplete information n	nay subject the person signing this		
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)

	ı	FEC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) 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. (Complete the information below.)	ne candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			Corporation Corporation w/o Capital Stock X La	bor Organization
			Membership Organization Trade Association Co	poperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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 F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	r more political
	(0)	ш	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			. FEC ID number C	

FEC Form 1 (Revised 0	02/2009)		Page 3
Write or Type Committee Name			
American Postal Work	ers Union Committee on Political Act	ion	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representative, or I	eadership PAC Sponsor
American Postal Worke	ers Union		
		<u> </u>	
Mailing Address	1300 L Street, NW		
	Washington	рс	20005
	CITY	STATE A	ZIP CODE
Relationship:			_
X Connected Organization	n Affiliated Committee Joi	nt Fundraising Representative	Leadership PAC Sponsor
Full Name Mailing Address			
Title or Position ▼	CITY A	STATE A Telephone number	ZIP CODE &
	e and address (phone number optiona		mmittee; and the
name and address of an	ny designated agent (e.g., assistant treas	surer).	
Full Name of Treasurer Elizat	beth Powell		
Mailing Address	1300 L Street, NW		
	Washington		
Title or Position ♥	CITY ▲	STATE ▲	
	J	· · · · · - ·	ZIP CODE A

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telepi	hone number	
		promittae deposite fundo ha	de accounts rents
Banks or Other Deposit safety deposit boxes or m	naintains funds.	ommittee deposits runds, no	as accounts, remo
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A. Form/Schedule: F1N

Transaction ID:

Amendment 2.