Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **USW Works** 60 Boulevard of the Allies ADDRESS (number and street) (Check if address is changed) Pittsburgh 15222-1214 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS epasterick@usw.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.uswworks.org (Check if address is changed) DATE 24 2020 C00556274 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Shinn, John, E,, Type or Print Name of Treasurer Shinn, John, E,, [Electronically Filed] 01 2020 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

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	1 aye 2
Can	didate	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. (Cominformation below.)	plete the candidate
Namo Cano	e of lidate		
	lidate ⁄ Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a
		Corporation Corporation w/o 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 secommittee. (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 Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		. ago C
USW Works		
	ganization, Affiliated Committee, Joint Fundraising Representative	or Leadership BAC Spensor
-		, or Leadership FAC Sponsor
United Steelworkers Po	olitical Action Fund	
Mailing Address	60 Boulevard of the Allies	
ividiling Address		
	Pittsburgh PA	15222-1214
		7ID 00DE
	CITY STATE	ZIP CODE
Relationship: Connected	Organization 🕱 Affiliated Committee 🔲 Joint Fundraising Represent	ative Leadership PAC Sponso
 Custodian of Records: Identification books and records. 	fy by name, address (phone number optional) and position of the p	person in possession of committee
Shinn, John	, E, ,	
Full Name	.60 Boulevard of the Allies	
Mailing Address		
		45000 4000
	PA	15222-1228
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	412 - 562 - 2325
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee sistant treasurer).	; and the name and address of
Full Name Shinn, John	E, ,	
of Treasurer		
Mailing Address	60 Boulevard of the Allies	
1		
1	Pittsburgh PA	15222-1228
Title or Position	CITY STATE	ZIP CODE

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	oxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza	
	Depository, etc. PNC Bank Two PNC Plaza	
Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza	2-1214
Name of Bank,	PNC Bank Two PNC Plaza 620 Liberty Avenue	2-1214 ZIP CODE
Name of Bank,	PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh PITTY STATE	
Name of Bank, Mailing Address	PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh PITTY STATE	
Name of Bank, Mailing Address	PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	

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 r			===	ID number	C
1.					
2.				ID number	С
3.			FEC	ID number	C
4			FEC	ID number	C
		liated Committee, Joi	nt Fundraising	Representativ	ve, or Leadership PAC Spor
United Steelwork	ers 				
Mailing Address	60 Blvd of the Al	lies			
	Pittsburgh			PA	15222-1228
Relationship:		CITY A		STATE A	ZIP CODE ▲
x Connecte	d Organization	Affiliated Committee	Joint Fundrai	sing Represent	tative Leadership PAC S
Connecte	d Organization			sing Represent	tative Leadership PAC S
				sing Represent	tative Leadership PAC S
esignated Agent: Identif				sing Represent	tative Leadership PAC S
esignated Agent: Identif				sing Represent	tative Leadership PAC S
esignated Agent: Identif	y by name, address	s (phone number – opt	tional)		
esignated Agent: Identif	y by name, address	s (phone number – opt	tional)	sing Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address	s (phone number – opt	tional)	STATE A	
esignated Agent: Identif Full Name	y by name, address	city A	tional) Telephone	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address	city A	tional) Telephone	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address	city A	tional) Telephone	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the second process of the sec	y by name, address	city A	tional) Telephone	STATE A	ZIP CODE A