**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, LOCAL 42 POLITICAL ACTION COMMITTEE 6320 Manchester Ave. ADDRESS (number and street) Suite 42A (Check if address is changed) Kansas City 64133 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smilligan@iaff42.org (Check if address X is changed) Optional Second E-Mail Address erose@iaff42.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00365296 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. Rose, Eric, M,, Type or Print Name of Treasurer Rose, Eric, M,, [Electronically Filed] 07 12 2018 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 Only

Local 202-694-1100

FEC Fo	<b>rm 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE  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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.	
Com	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number C	

I FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		
INTERNATIONAL ASS	OCIATION OF FIRE FIGHTERS, LOCAL 42 POLITICAL ACTIO	N COMMITTEE
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Mailing Address		E FIGHTERS
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in poss	session of committee
Rose, Eric, Full Name  Mailing Address	M, , 10927 N. Donnelly Ave	
	Kansas City MO 64168	
Title or Position	CITY STATE Z	ZIP CODE
Secretary-Treasurer		358   -   4222
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	ne and address of
Full Name Rose, Eric, of Treasurer	M, ,	
Mailing Address	10927 N. Donnelly Ave	
	Kansas City MO 64168	
Title or Position Secretary-Treasurer		SIP CODE 4222

FEC Form 1 (Re	evised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY	ATE ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.	MO    64133
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City	MO 64133
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City	
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133
safety deposit boxes or Name of Bank, Deposit  Bar  Mailing Address	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133
safety deposit boxes or Name of Bank, Deposit  Bar  Mailing Address	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133
Safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  756 Minnesota Ave.  Kansas City  CITY  STA	MO 64133

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

(h). <b>Joint Fundraisi</b> r		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
<u>-</u>	Organization, Affiliated Committee, Joint Fundra SSOCIATION OF FIRE FIGHTERS, LOCA		
INTERNATIONAL	SOCIATION OF FIRE FIGHTERS, LOCA	AL 42 POLITICAL A	
Mailing Address	6320 Manchester Ave.		
Maining Address	Suite 42A		
	Kansas City	, MO	64133
Relationship:	CITY A	STATE A	ZIP CODE A
riolationip.	OII I	SIAIL	211 0001
	d Organization  Affiliated Committee  Joint  y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
resignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   Anks or Other Depositor	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite defety deposit boxes or make the same of Bank,	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite defety deposit boxes or make the same of Bank,	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A

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

Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.  Mailing Address	▼ C	er depositories in whi	STATE Telephone Number		ZIP CODE A  olds accounts, rents
anks or Other Depositorafety deposit boxes or management of Bank, epository, etc.	▼ C	EITY A	STATE Telephone Number		ZIP CODE ▲
TITLE OR POSITION  anks or Other Deposited afety deposit boxes or make ame of Bank,	▼ C	EITY A	STATE Telephone Number		ZIP CODE ▲
TITLE OR POSITION	▼ C	EITY A	STATE Telephone Number		ZIP CODE ▲
			STATE		
			STATE		
Mailing Address			1 1	1 1	
Mailing Address					
Mailing Address					
esignated Agent: Identif	y by name, address (phor	e number – optional)			
			oint Fundraising Repre	esentative	Leadership PAC Sp
Relationship:		CITY ▲	STAT		ZIP CODE ▲
5.4	NEW YORK		NY		
	NEWYOS:			, ,,,,	0
Mailing Address					
	204-208 EAST 23RD S	TREET			
_ 					
	Organization, Affiliated (				
4.			. 20 15 Hallik	· ·	
1			FEC ID numb		
3.			FEC ID numb		
3.			FEC ID numb	per C	
1			FEC ID numb	per C	

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

(h). <b>Joint Fundraisi</b>	ig i ai dolpaild		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spons
Mailing Address	2980 N W SOUTH RIVER DRIVE		
	MIAMI 	L FL	33125
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
Pesignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
Pesignated Agent: Identif	fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
Pesignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g) or (h)	). Joint Fundraising	Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
		Organization, Affiliated Committee, Joint Fundrais	Sing Representative, or Leadership PAC Sponsor
L			
	Mailing Address	61 E COLUMBUS AVE, #200	
		PHOENIX	AZ 85012
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint Fu	undraising Representative Leadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	CITY ▲	STATE ▲ ZIP CODE ▲
		1	phone Number
safe Nar	nks or Other Depositoriety deposit boxes or main me of Bank, pository, etc.	es: List all banks or other depositories in which the ntains funds.	e committee deposits funds, holds accounts, rents
	Mailing Address	1	
	Maining Addiess		

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
•	I Organization, Affiliated Committee, Joint Ful FIRE FIGHTERS, LOCAL 1403 PA	• .	e, or Leadership PAC Spons
Mailing Address	8000 NW 21 STREET		
	SUITE 222		
	MIAMI	, , ,     FL	33122
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE   Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ame of Bank,	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ame of Bank,	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in whi	Telephone Number	