



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Type of Statement							
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center; padding: 2px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 2px;">08/08/2023</td> <td style="text-align: center; padding: 2px;">OSPC-12-00883</td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID	08/08/2023	OSPC-12-00883
Date Changes Took Effect	SBE-issued Committee ID						
08/08/2023	OSPC-12-00883						
Name of Committee							
Working for Working Americans Insert full name of committee (Acronyms must be spelled out)							
Committee Mailing Address							
212 Carpenters Union Way Street Address/P.O. Box Suite #							
Las Vegas	NV	89119					
City	State	Zip Code					
payroll@carpenters.org							
Email Address		Business Phone					
Committee Website							
Affiliated Organization or PAC							
United Brotherhood of Carpenters and Joiners Full Name of Affiliated Organization							
101 Constitution Avenue, NW, 10th Floor West Street Address/P.O. Box Suite #							
Washington	DC	20001					
City	State	Zip Code					
Support of Working Americans Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)							
Candidate's Supported or Opposed*							
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?				
Candidate Sheet Attached with 1 Candidate							



Area, Scope and Jurisdiction of the Committee	
<p>This Committee intends to participate in (check all that apply):</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> Statewide elections <input checked="" type="checkbox"/> General Assembly elections <input type="checkbox"/> Local elections </div> <p>If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">1) _____</div> <div style="width: 45%;">4) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">2) _____</div> <div style="width: 45%;">5) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3) _____</div> <div style="width: 45%;">6) _____</div> </div>	
Other Agency Information	
Taxpayer Identification Number	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">26-1173032</div> <div style="font-size: small;">Enter Taxpayer ID Number</div>
Other Agencies Where Committee is Registered	'Other Agencies Where Registered' Sheet Attached with 4 Agencies.
	<div style="display: flex; justify-content: space-between;"> Name of Agency Registration Number </div>
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	<div style="display: flex; justify-content: space-between;"> Name of Agency Registration Number </div>
	<div style="display: flex; justify-content: space-between;"> Name of Agency Registration Number </div>
Committee Depository	
Citizens Bank	
<div style="border-bottom: 1px solid black;">Primary Bank Name or Depository</div>	<div style="border-bottom: 1px solid black;">Secondary Bank Name or Depository</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ontario, CA <div style="border-bottom: 1px solid black; font-size: small;">City</div> </div> <div style="width: 45%;"> VA <div style="border-bottom: 1px solid black; font-size: small;">State</div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; font-size: small;">City</div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; font-size: small;">State</div> </div> </div>



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information				
Treasurer	McGriff		Mark	
	Salutation	Last Name	First Name	Middle Name
	101 Constitution Ave. NW 10th Floor Washington, DC 20001			
	Street Address (Business), City, State and Zip Code			
	101 Constitution Ave., NW		10th Floor	
	Street Address (Residence)		Suite #	
	Washington		DC	20001
	City		State	Zip Code
MMcGriff@carpenters.org			(202) 546-6206	
Email Address (*see instructions)			Daytime Phone #	
Principal Custodian of the Books (if one)	Brown		Jesse	
	Salutation	Last Name	First Name	Middle Name
	101 Constitution Ave. NW 10th Floor Washington, DC 20001			
	Street Address (Business), City, State and Zip			
	101 Constitution Ave. NW		10th Floor	
	Street Address (Residence)		Suite #	
	Washington		DC	20001
	City		State	Zip Code
Jesse.Brown@carpenters.org			(202) 546-6206	
Email Address (*see instructions)			Daytime Phone #	
Address Where Books are Maintained	212 Carpenters Union Way			
	Street Address (P.O. Boxes are Not Acceptable)			Suite #
	Las Vegas		NV	89119
	City		State	Zip Code
Statement of Treasurer				
<p>I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I am required to file my reports electronically on SBE's website. I understand that I must truthfully report all monies and things of value, which this political committee receives or expends as required by § 24.2-949.9:1. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 felony.</p>				
_____ Signature			_____ Date	

FOR SBE OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

 COMMITTEE ID: _____ CIRCLE ONE
N or A



Instructions for Completing This Form

- Submit the original, signed copy of this form to:

**State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219**

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes.

Type of Statement

- Check the box that applies to the type of Statement that you are filing.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

- Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

- Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219

Candidates Supported or Opposed

1	Name: Terry McAuliffe	Supported	PO Box 31408 Alexandria, VA 22310
	Office Sought: Governor	Political Party: Democratic	

Other Agencies Where Registered

	Agency Name	Registration Number
1	California Secretary of State	1332378
2	Internal Revenue Services	26-1173032
3	Nevada Secretary of State	NV does not assign registration numbers
4	Arizona Secretary of State	100401