

# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of States	шепт			
<b>⋈</b> NEW		☐ AMENDED			
This committee is registering with the Virgin	ia This cor	This committee is filing an amended Statement of Organization.			
State Board of Elections for the first time.	Date Changes			d Committee ID	
OSPC-13-00463					
001 0-10-00400					
	Name of Com	nittee			
United Steelworkers Non-Federal Acco	ount				
Insert full name of committee (Acronyms must	t be spelled out)				
	Committee Mailing	g Address			
Five Gateway Center				Room 1204	
Street Address/P.O. Box				Suite #	
Pittsburgh	PA		15222		
City	State		Zip Code		
sjohnson@usw.org		(412) 562-2325			
Email Address			Business Phone		
Committee Website					
A	ffiliated Organizat	ion or PAC			
United Steelworkers					
Full Name of Affiliated Organization					
Five Gateway Center					
Street Address/P.O. Box				Suite #	
Pittsburgh	PA		15222		
City	State		Zip Code		
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To make contributions to candidates a	nd political committe	ees supported	by the United	Steelworkers an	
Indicate the Purpose of your Committee (e.g. I	-				
	<u> </u>		\$r		
	didate's Supported			G 1 0 9	
Full Name and Address of Candidate(s)	Office Sought	Party At	ffiliation	Support or Oppose?	





### **Commonwealth of Virginia**

Area, Scope and Jurisdiction of the Committee					
This Committee intends to participate in (check all that apply):					
☒ Statewide elec	etions	☐ Genera	l Assembly elections	☐ Local elections	
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:					
1)			4)		
2)			5)		
3)			6)		
	0	ther Agenc	y Information		
Taxpayer Identification Number	20-5395				
	Enter Taxp	payer ID Num	ber		
	'Other Agencies Where Registered' Sheet Attached with 14 Agencies.				
	Name of A	gency		Registration Number	
	Name of A	gency		Registration Number	
Other Agencies Where Committee is Registered	Name of A	gency		Registration Number	
	Name of A	gency		Registration Number	
	Name of A	gency		Registration Number	
	Name of A	gency		Registration Number	
Committee Depository					
PNC Bank					
Primary Bank Name or Depository			Secondary Bank Name	or Depository	
Pittsburgh	P.A	<b>\</b>			
City	Star		City	State	



# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information						
	Lowery Salutation Last Name	<b>Eddie</b> First Name	<b>E.</b> Middle Name	Suffix		
	5338 Peters Creek Road Suite C F	Roanoke. VA 24019				
	Street Address (Business), City, State ar					
Treasurer	2606 Grandin Road South West					
	Street Address (Residence)		Suite #			
	Bassaka			04045		
	Roanoke City	VA State		Zip Code		
	epasterick@usw.org	Su	(412) 562-2349	Zip Code		
	• • • • • • • • • • • • • • • • • • • •		Daytime Phone #			
			·			
	Johnson	Stanley	W.			
	Salutation Last Name	First Name	Middle Name	Suffix		
	Five Gateway Center Room 1204 Pittsburgh, PA 15222					
Principal	Street Address (Business), City, State ar	nd Zip				
Custodian of the	973 Church Hill Road					
Books (if one)	Street Address (Residence)		Suite #			
		_	_	4		
	Venetia City	PA State		<b>15367</b> Zip Code		
	sjohnson@usw.org	(412) 562-2325		Zip Code		
	Email Address (*see instructions)	Daytime Phone #				
	, ,		·			
<b>Address Where</b>	Five Gateway Center	Room 1204				
<b>Books</b> are	Street Address (P.O. Boxes are Not Acc	eptable)	Suite #			
Maintained	Pittsburgh	F	PA	15222		
	City	St	ate	Zip Code		
	Statement of	Treasurer				
	f Treasurer for this committee. I understand					
SBE's website. I understand required by § 24.2-949.9:1. understand that if I provide the standard stan	le 24.2, Chapter 9.3 of the <i>Code of Virginia</i> ). I that I must truthfully report all monies and thi Civil penalties will be assessed in the manner a false information on any document submitted t ishable up to a Class 5 felony.	ngs of value, which this required by the <i>Code of</i>	political committee receives of Virginia for late or un-filed re	or expends as ports. I also		
Signature		Date				

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE
COMMITTEE ID:

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 <u>any</u> 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
  - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
  - o 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

## Other Agencies Where Registered

	Agency Name	Registration Number
1	Alabama Secretary of State	N/A
2	Michigan Bureau of Elections	512371-6
3	Illinois State Board of Elections	24589
4	California Secretary of State	1328013
5	Nevada Elections Division	N/A
6	Internal Revenue Service	05-0532524
7	North Dakota Secretary of State	N/A
8	Texas Ethics Commission	66771
9	New York State Board of Elections	A83866
10	New Mexico Secretary of State	N/A
11	Kentucky Registry of Election Finance	344322
12	Pennsylvania Department of State	2004296
13	Wisconsin Government Accountability Board	1100007
14	Ohio Secretary of State	N/A