Statement of Organization
OUT-of-STATE POLITICAL COMMITTEE

Type of Statement

☒ NEW
This committee is registering with the Virginia State Board of Elections for the first time.
OSPC-12-01190

☐ AMENDED
This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID

Name of Committee

AFL-CIO Committee on Political Education Treasury Account
Insert full name of committee (Acronyms must be spelled out)

Committee Mailing Address

815 16th Street, NW
Street Address/P.O. Box — Suite #

Washington — **DC** — **20006**
City — State — Zip Code

kfarrell@aflcio.org — **(202) 637-5126**
Email Address — Business Phone

Committee Website

Affiliated Organization or PAC

AFL-CIO
Full Name of Affiliated Organization

815 16th Street, NW
Street Address/P.O. Box — Suite #

Washington — **DC** — **20006**
City — State — Zip Code

Labor
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?

Area, Scope and Jurisdiction of the Committee

This Committee intends to participate in (check all that apply):

☒ **Statewide elections** ☐ **General 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) _____

Other Agency Information

Taxpayer Identification Number	**52-2257723** Enter Taxpayer ID Number
Other Agencies Where Committee is Registered	**'Other Agencies Where Registered' Sheet Attached with 1 Agency.**
	Name of Agency — Registration Number
	Name of Agency — Registration Number
	Name of Agency — Registration Number
	Name of Agency — Registration Number
	Name of Agency — Registration Number
	Name of Agency — Registration Number

Committee Depository

Primary Bank Name or Depository	Secondary Bank Name or Depository
Amalgamated Bank of Chicago	
Chicago / City	**IL** / State
City / State	City / State

Statement of Organization
OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information

Treasurer

Salutation	Last Name	First Name	Middle Name	Suffix
Mrs.	Shuler	Elizabeth	H.	

815 16th Street, NW Washington, DC 20006
Street Address (Business), City, State and Zip Code

4527 44th Street, NW
Street Address (Residence) Suite #

City	State	Zip Code
Washington	DC	20006

liz@aflcio.org **(202) 637-5126**
Email Address (*see instructions) Daytime Phone #

Principal Custodian of the Books (if one)

Salutation	Last Name	First Name	Middle Name	Suffix
Mrs.	Farrell	Kimberly	Caren	

815 16th Street, NW Washington, DC 20006
Street Address (Business), City, State and Zip

1622 Old Town Road
Street Address (Residence) Suite #

City	State	Zip Code
Edgewater	MD	21037

kfarrell@aflcio.org **(202) 637-5126**
Email Address (*see instructions) Daytime Phone #

Address Where Books are Maintained

815 16th Street, NW
Street Address (P.O. Boxes are Not Acceptable) Suite #

City	State	Zip Code
Washington	DC	20006

Statement of Treasurer

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 *Code of Virginia*). 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 *Code of Virginia* 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.

_____ _____
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 **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

Other Agencies Where Registered

	Agency Name	Registration Number
1	Internal Revenue Service	11-3753369