

# Statement of Organization - Political Action Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
International Brotherhood of Electrical Workers Committee on Political Education			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
900 Seventh St., N.W. Washington, DC 20001		12/13/1988	
		e. Phone Number	
		202-728-6046	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of <input type="checkbox"/> Get Out the Vote                        Party Plan of Org. <input type="checkbox"/> Health <input type="checkbox"/> Religious <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Trade <input type="checkbox"/> Insurance <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	
<input checked="" type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		d. Relationship	
c. Definition of Type		d. Member Definition	
Non-Partisan Political League			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Jon F. Walters			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
same as above			
c. Phone Number		c. Phone Number	
d. Email Address		d. Email Address	
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		Amalgamated Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Code	
d. Email Address		d. Type	
<b>CERTIFICATION</b>			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Jon F. Walters		3/11/2005	
Printed Name of Signer		Signature of Appointed Treasurer                      Date	

NC