Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OR PARTY COMMITTEES

Commonwealth of Massachuseits		Office of Camp	aign and Political Finance			
For State or Count File with Director Office of Campaig One Ashburton Pla Boston, MA 02100	in and Political Finance acc. Room 411			l'ile with	Municipal Activity City or Town Cled cetion Commission	
	Reporting Per	iod: from: <u>01/01/2015</u> (MM/DD/YYYY)	to: 12/31/2015 (MM/DD/YYYY)			
Type of Report:	8th day preceding primary/	preliminary 38th day precedi	ng election 30th day after election	July 20th [S	January 20th	
On behalf of:		s, PACs & Party Committees	or Municipal Candidates	A Julia de como de administra que como de administra de como d	Barring Marie a managang magang apakan da makan managan da makan makan makan makan makan makan makan makan mak	
Name of Associ	* ************************************	ternational Union of North Amer				
1		livan, Chairperson & Armand Sal	· · · · · · · · · · · · · · · · · · ·			
Mailing Address	9: 905 16th Street, NW		ty / State / Zip: Washington	DC .	20006	
Determination of	Determination of incidental threshold: 1. Total gross revenues of previous calendar year:					
		2. 10% of line 1 or \$15,000, whi			15,000.00	
		3. Total expenditures, donations	to committees and liabilities incurred		\$ 0.00	
	If line 3	exceeds line 2, reports are requ	ired for the stated calendar year.	2 -	<u> </u>	
POLITICAL EX	PENDITURES AND CONTRIB	UTIONS TO CANDIDATES/CO	MMITTEES (attach additional pages	is neces al y):	3	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpoi (Check box (f Inkind	ie J <u>r.</u>	Amount or Value*	
				2)		
			Total expenditures/contri	butions on this report:	0.00	
			Total expenditures/contribution	s previously reported:	0.00	
			Total expenditures	contributions to date:	0.00	

^{*}Inkind contributions (donations of goods or services) should be included in this list.

LIABILITIES*:

Date				
Incurred	To Whom Due	Address	Purpose	Amount
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700/0740			Total liabilities on this report:	0.00

		Total liabilitie	s previously reported and currently outstanding:	0.00
			Total outstanding liabilities**:	0.00

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

Date: /-/9-/6 Name: Armand Sabitoni
Signature of Officer (MM/DD/YYYY)

WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (l.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a disequalific officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation of file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates of committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates of committee this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf. Call OCPF at (617) 979-8300 or (800) 462-OCPF.

^{*} A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

^{**} The final report must show zero liabilities.