

FEC FORM 1

STATEMENT OF ORGANIZATION

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2014 APR 10 AM 8:24  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

SCHWARTZ FOR CONGRESS

ADDRESS (number and street) 5 ABERNATHY ROAD

(Check if address is changed)

LEXINGTON MA 02420  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 04 / 02 / 2014

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel CiccarIELLO

Signature of Treasurer [Handwritten Signature]

Date 04 / 02 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns, first column labeled 'Office Use Only'

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031205030

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate SHELDON SCHWARTZ

Candidate Party Affiliation D Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation  Corporation w/o Capital Stock  Labor Organization  
 Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

14031205031

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name SHELDON SCHWARTZ

Mailing Address 5 ABERNATHY ROAD

[Empty grid lines for address]

LEXINGTON MA 02420

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 781-652-8206

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DANIEL CICCARIELLO

Mailing Address 15 COTTAGE AVENUE 4th FLOOR

[Empty grid lines for address]

QUINCY MA 02169

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title]

Telephone number 617-770-9901

14031205032

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

14031205033

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIZENS BANK

Mailing Address

1776 MASSACHUSETTS AVENUE

[Empty grid for Mailing Address line 2]

LEXINGTON MA 02420

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

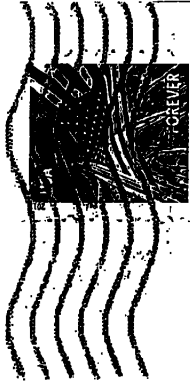
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CITY

STATE

ZIP CODE

14031205034



BOSTON MA 02111

05 APR 2014 PM 8 L

Dr. Sheldon Schwartz  
5 Abemathy Road  
Lexington, MA 02420-2510

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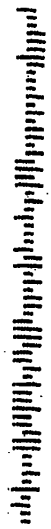
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FEC MAIL CENTER

Federal Election Commission

999 F Street NW

Washington, DC 20543



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Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(8/2013)

4/10/14  
DATE PREPARED

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