Image# 13942273126				11/07/2013 16 : 01
FEC FORM 1	STATEMEN ORGANIZ		Office	PAGE 1 / 5
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
TISEI CONGRE	SSIONAL COMM			
	26 MAIN STREET			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
			MA 01940	
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI				
(Check if address is changed)	tisei@redcurve.com			
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AD	DDRESS (URL)			
	D / Y Y Y Y 2013			
3. FEC IDENTIFICATION N		00506170		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and co	omplete.
Type or Print Name of Treasure	er BRIAN CRESTA			
Signature of Treasurer	AN CRESTA	[Electronically Filed]	Date 11	07 / Y Y Y Y Y 2013
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATION			nalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	. uyo <b>-</b>
Can	didate	Committee:	
(a)	$\times$	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. (Com information below.)	plete the candidate
Name Candi			
Candi Party	lidate Affiliatio	on REP Office Sought: X House Senate President	State MA District 06
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	ty Com	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
		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 se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

## TISEI CONGRESSIONAL COMMITTEE

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

EQUALITY LEADERS			
Mailing Address	2470 DANIELLS BRIDGE RD STE 12		
		GA	30606
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising	Representativ	ve 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.

BRADLEY	CRATE
Full Name	
Mailing Address	138 CONANT ST
	1ST FLOOR
	BEVERLY     MA     01915       Image: Image
Title or Position	CITY STATE ZIP CODE
ASSISTANT TREASURER	Telephone number     617     303     6800

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	BRIAN CRESTA
of Treasurer	
Mailing Address	26 MAIN STREET
	LYNNFIELD
	CITY STATE ZIP CODE
Title or Position	Telephone number

Full Name of Designated Agent	BRADLEY C														1					1				
Mailing Address		138 CONANT	ST																					
		1ST FLOOR																						
		BEVERLY											_ N	1A 			191	15						
				CI	ΓY							\$	STA	ΤE					ZII	PC	DE			
Title or Position								Tele	epho	one	nu	mb	er		61	7	] –		303	3		68	00	

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.

CO	MMUNITY CREDIT UNION OF LYNN		
Mailing Address	1 ANDREW STREET		
	LYNN 		01901
	CITY	STATE	ZIP CODE
Name of Bank, Deposi			
Mailing Address	1445 LAUGHLIN AVE		
			22101
	CITY	STATE	ZIP CODE

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## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

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Name of Bank, Deposito	ury, etc.		ADDITIONAL ]
LSU	NTRUST BANK		
Mailing Address	PO BOX 4418		
			<sup>302</sup>
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leade	ADDITIONA
Mailing Address			
ationship:	СІТҮ	STATE	ZIP CODE 📥
Connected Organization	Affiliated Committee Joint Fundraising	g Representative	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			ZIP CODE <b>4</b>
-			ZIP CODE 🌢
-	Те	STATE	 ZIP CODE <b></b>  [ ADDITIONAL ]