PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Will Brownsberger for Congress Po Box 204 ADDRESS (number and street) (Check if address is changed) Belmont 02478 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS david@merfeldcpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2013 C00541870 FEC IDENTIFICATION NUMBER > 3. X 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 it is true, correct and complete. David Merfeld Type or Print Name of Treasurer David Merfeld [Electronically Filed] 04 08 2013 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	_
Can	didate	e Committee:	
(a)	X	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. (Cominformation below.)	plete the candidate
Name Candi			
Candi Party	date Affiliatio	Office on Sought: House Senate President	State
			District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		` '	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (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	Fund	Iraising 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	r age <b>3</b>
Will Brownsberger for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address	
CITY STATE ZIF	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses	ssion of committee
books and records.	
Full Name	
Mailing Address	
	-
Title or Position CITY STATE ZIF	CODE
Title of Fosition CITY STATE ZIE	CODE
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name	
of Treasurer	
Mailing Address	
CITY STATE ZIP	CODE
Title or Position	CODL

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position	Telephone number	
	oxes or maintains funds.	
Name of Bank, I		
	Citizens Bank	
Name of Bank, I		
	Citizens Bank	IP CODE
	Citizens Bank  City STATE Z	IIP CODE
Mailing Address	Citizens Bank  City STATE Z	
Mailing Address	Citizens Bank  CITY STATE Z  Depository, etc.	
Mailing Address  Name of Bank, I	Citizens Bank  CITY STATE Z  Depository, etc.	
Mailing Address  Name of Bank, I	Citizens Bank  CITY STATE Z  Depository, etc.	