

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Stockwell For Congress

ADDRESS (number and street)

5 Glendale Road

(Check if address
is changed)

Marblehead

MA

1945

1804

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

treasurer@stockwellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.StockwellForCongress.com

2. DATE

06^M / 25^D / 2014^Y

3. FEC IDENTIFICATION NUMBER

C

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 it is true, correct and complete.

Type or Print Name of Treasurer

Christopher J. Stockwell

Signature of Treasurer

Date

06^M / 25^D / 2014^Y

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
Use
Only

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

FEC FORM 1
(Revised 02/2009)

14031251137

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 Christopher John Stockwell

Candidate Party Affiliation Non Office Sought: House Senate President State MA District 06

- (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

14031251138

Write or Type Committee Name

Stockwell For Congress

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 Christopher J. Stockwell

Mailing Address 5 Glendale Road

[Empty grid lines for address]

Marblehead

MA

01945

1804

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 781 - 424 - 9932

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 Christopher J. Stockwell

Mailing Address 5 Glendale Road

[Empty grid lines for address]

Marblehead

MA

01945

1804

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title]

Telephone number 781 - 424 - 9932

14031251139

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Eastern Bank

Mailing Address

195 Market Street

Lynn

MA

01901

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

14031251140

FEC FORM 1 FILING ADDRESS:

Federal Election Commission,
999 E Street, N.W., Washington,
DC 20463.

RECEIVED

2014 JUN 26 AM 11:31

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*Please call my cell/home # if you have
any questions.*

Thank you

*Chris Stockwell
Call 781-424-9932*

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EP13F July 2013 OD: 12.5 x 9.5



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FROM: (PLEASE PRINT)

PHONE (781) 428-9922

Chris Storkwold
59 Middle Road
Mableton, GA 30145-1804

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

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20004-4303

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PER ZIP-Code	Scheduled Delivery Date (MMDDYY)	Postage	
02180	6-26-14	\$ 19.99	
Date Accepted (MMDDYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
6-25-14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
11:48 AM		\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
11.48 lbs.	\$	\$ 19.99	
Flat Rate	Acceptance Employee Initials		
	ARX		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MMDDYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MMDDYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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6/25/14

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Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

 6/26/14
 PREPARER DATE PREPARED
 (8/2013)

14031251143