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Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TISEI CONGRESSIONAL COMMITTEE 26 MAIN STREET ADDRESS (number and street) (Check if address is changed) LYNNFIELD 01940 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tisei@redcurve.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) tiseiforcongress.com (Check if address is changed) DATE 07 2013 C00506170 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. **BRIAN CRESTA** Type or Print Name of Treasurer BRIAN CRESTA [Electronically Filed] 07 15 2014 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

Local 202-694-1100

| ı                 | FEC <b>Fo</b>  | rm 1 (Revised 02/2009)   | Page <b>2</b>                            |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|
| TYPE OF COMMITTEE |  |  |  |  |  |  |  |  |
| Can               | Candidate 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. (Complete the candidate information below.)  |  |  |  |  |  |  |
| Name<br>Cand      | e of<br>didate   | RICHARD R. TISEI   |  |  |  |  |  |  |
|                   | didate   | on REP Sought: X House Senate President  | State                                    |  |  |  |  |  |
| Party             | / Affiliati  | on REP Sought: X House Senate President  | District 06                              |  |  |  |  |  |
| (c)               |  | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |  |  |
| Name<br>Cand      | e of<br>didate   |  |  |  |  |  |  |  |
| Part              | ty Con   | nmittee:   |  |  |  |  |  |  |
| (d)               |  | · · · · ·  | (Democratic,<br>Republican, etc.) Party. |  |  |  |  |  |
| Poli              | tical A  | action 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 segregated fund 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.)   |  |  |  |  |  |  |
| Join              | t Func   | draising 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. | o 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                      |  |  |  |  |  |
|                   | Committees Participating in Joint Fundraiser   |  |  |  |  |  |  |  |
|                   | 1.   | FEC ID number  |  |  |  |  |  |  |
|                   | 2.   | FEC ID number  |  |  |  |  |  |  |
|                   | 3.   | FEC ID number  |  |  |  |  |  |  |
|                   | 4.   |  |  |  |  |  |  |  |

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|---|--|---------------------|--|--|--|--|--|
| Write or Type Committee Name  |  |                     |  |  |  |  |  |
| HSEI CONGRE   | SSIONAL COMMITTEE  |                     |  |  |  |  |  |
| 6. Name of Any Connected O  | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi                    | p PAC Sponsor       |  |  |  |  |  |
| EQUALITY LEADERS  | HIP FUND   |                     |  |  |  |  |  |
| Mailing Address   | 2470 DANIELLS BRIDGE RD STE 121  |                     |  |  |  |  |  |
| Maining Address   |  |                     |  |  |  |  |  |
|   | ATHENS GA 30606  |                     |  |  |  |  |  |
|   | CITY STATE Z   | IP CODE             |  |  |  |  |  |
| Relationship: Connected   | Organization Affiliated Committee X Joint Fundraising Representative Lead                            | lership PAC Sponsor |  |  |  |  |  |
| <ul> <li>Custodian of Records: Identification books and records.</li> </ul> | ify by name, address (phone number optional) and position of the person in posso                     | ession of committee |  |  |  |  |  |
| BRADLEY   | CRATE  | ı                   |  |  |  |  |  |
| Full Name   | ,138 CONANT ST   |                     |  |  |  |  |  |
| Mailing Address   | 1ST FLOOR  |                     |  |  |  |  |  |
|   | BEVERLY MA 01915   |                     |  |  |  |  |  |
| Title or Position   | CITY STATE Z   | IP CODE             |  |  |  |  |  |
| ASSISTANT TREASURER   | Telephone number   | 03 6800             |  |  |  |  |  |
| 3. <b>Treasurer:</b> List the name and any designated agent (e.g., as       | address (phone number optional) of the treasurer of the committee; and the names sistant treasurer). | e and address of    |  |  |  |  |  |
| Full Name BRIAN CRE   | ESTA   |                     |  |  |  |  |  |
| of Treasurer  | 5  |                     |  |  |  |  |  |
| Mailing Address   |  |                     |  |  |  |  |  |
|   | AUDDI STOU   |                     |  |  |  |  |  |
|   | MIDDLETON MA 01949  CITY STATE ZI  | IP CODE             |  |  |  |  |  |
| Title or Position<br>TREASURER  | 781 Telephone number   |                     |  |  |  |  |  |

9.

| FEC <b>Form 1</b> (Revised                                  | 1 02/2009)        |                          | Page <b>4</b> |
|---|-------------------|--------------------------|---------------|
|   |                   |                          |               |
| Full Name of Designated Agent BRADLEY                       | CRATE             |                          |               |
| Mailing Address   |                   |                          |               |
|   | 1ST FLOOR         |                          |               |
|   | BEVERLY CITY      | MA 01915<br>STATE        | ZIP CODE      |
| Title or Position ASSISTANT TREASURER                       |                   | Telephone number 617 – [ | 303   6800    |
| safety deposit boxes or mair<br>Name of Bank, Depository, e |                   |                          |               |
| Name of Bank, Depository, e                                 | etc.              |                          |               |
|   | BRIDGE BANK       |                          |               |
| Mailing Address   | 1445 LAUGHLIN AVE |                          |               |
|   |                   |                          |               |
|   | MCLEAN            | VA 22101                 |               |
|   | CITY              | STATE                    | ZIP CODE      |

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

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. I SUNTRUŞT BANK Mailing Address 30302 GΑ **ATLANTA** CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor YOUNG GUNS DAY I 2014 228 S WASHINGTON ST STE 115 Mailing Address **ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

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

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. IBB&T 1909 K STREET NW Mailing Address 20006 DC WASHINGTON CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number