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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

			2011 Portice Use On AM 11: 22				
NAME OF COMMITTEE (in full)		Example:If typing, type over the lines.	12FE4M5EC MAIL CENTER				
Tişei Congressional Committee							
ADDRESS (number and street)	26 Main Street						
(Check if address is changed)							
is changed)	Lynnfield		MA 01940 -				
	CITY	•	STATE ZIP CODE				
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-mail	address)					
(Check if address	mwardlucas@verizon	.net _{i i i}					
is changed)							
COMMITTEE'S WEB PAGE ADI	DRESS (URL)						
(Check if address							
is changed)							
2. DATE							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	nis Statement and to the best of n	my knowledge and belief it is	s true, correct and complete.				
Type or Print Name of Treasurer Brian Cresta							
Signature of Treasurer	Sin M. Cest		Date 1 1 2 2 3 1 1				
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 con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100					

	c	CO Eas		Page 2				
 5.			m 1 (Revised 02/2009) OMMITTEE	raye z				
			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 information below.)	e. (Complete the candidate				
	Name Candi		RICHARD R. TISEL					
	Candi Party	idate Affiliatio	on REP Office Sought: X House Senate Pres	State MA sident District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized comm	ittee.				
	Name Candi							
	Part	у Соп	nmittee:					
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Polit	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 sep committee. (i.e., nonconnected committee)	parate segregated fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is at Leadership PAC. (Identify sponsor on line 6.)					
	Join	t Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal ca					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate					
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number C					
		2.	FEC ID number C					
		3.	FEC ID number C					
		4.	FEC ID number C					

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FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
Tisei Congressional C		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	ship PAC Sponsor
11111111		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name Meliss	a Lucas, , , , , , , , , , , , , , , , , , ,	
Mailing Address	Tişei Çongressional Çommittee	
	26 Main Street	
	Lynnfield MA 0194	<u>)</u>
Title or Position	CITY STATE	ZIP CODE
Director	Telephone number 61,7 – 2	019146
Treasurer: List the name at any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the national assistant treasurer).	ame and address of
Full Name of Treasurer Brian C	Cresta, , , , , , , , , , , , , , , , , , ,	
Mailing Address	5 Ogden Street	
	Middleton 01949	9 ZIP CODE
Title or Position Treasurer	Telephone number	لـــا-لــــا

Name of Bank, Depository, etc.

Mailing Address

CITY

CITY

P1,901

ZIP CODE

ZIP CODE

MA I

STATE

STATE

Agent

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(3/2005)