

FEC FORM 1

STATEMENT OF ORGANIZATION

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FED MAIL CENTER
2018 OCT -1 AM 9:29
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Diehl for US senate

ADDRESS (number and street)

P.O. Box 54611

(Check if address is changed)

Norwell

CITY ▲

MA

STATE ▲

02061

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@diehlforusenate.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.diehlforusenate.com

2. DATE

09 / 25 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C00637611

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

LOUIS L. MURRAY, JR.

Signature of Treasurer

Louis L. Murray

Date

09 / 25 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

2018100109AM0929

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 Geoff Diehl

Candidate Party Affiliation Rep Office Sought: House Senate President State HA District

- (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 | <u>C</u> _____ |
| 2. | _____ | FEC ID number | <u>C</u> _____ |
| 3. | _____ | FEC ID number | <u>C</u> _____ |
| 4. | _____ | FEC ID number | <u>C</u> _____ |

2010-10-10 10:01:01 AM 6000000000000000

Write or Type Committee Name

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

Holly Robichaud

Mailing Address

P.O. Box 5461

Norwell

MA

02061

Title or Position

CITY

STATE

ZIP CODE

Strategist

Telephone number

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

Louis Murray

Mailing Address

60 Manhattan Rd

West Roxbury

MA

02132

11505

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

617

699

5950

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Full Name of Designated Agent

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Mailing Address

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CITY

STATE

ZIP CODE

Title or Position

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Telephone number

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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.

| |
|-----------------|
| Royalbank Trust |
|-----------------|

Mailing Address

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|-------------------|
| 405 Washington St |
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| Braintree | MA | 02184 |
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CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

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Mailing Address

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CITY

STATE

ZIP CODE

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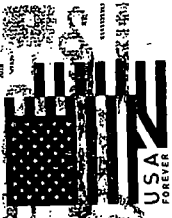
POSTAGE WILL BE PAID BY ADDRESSEE

Geoff Diehl
Republican Nominee
U.S. Senate

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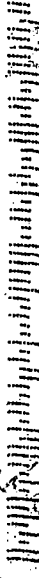
BOSTON, MA 021

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Federal Election Commission
1050 First St., NE
Washington DC 20463

20463-



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| Postmarked 9-26-18 | 10-1-18 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 10-1-18 DATE PREPARED |

2018-10-01 09:00:00