2012 NOV -5 AM 9: 38

FEC MAIL CENTER

Committee Name:

MASSACHUSETTS DEMOCRATIC TRUST FUND If registered, FEC ID:

Today's Date:

10/29/2012

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

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

RICHARD KEVINSTON

, Treasurer

12030950355

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

2012 NOV -5 AM 9: 38

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				F. Office Meer Only CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	O to Will bell
MASSACHUSET	TS DEMOCRA	ATIC TRUST F	UND	
ADDRESS (number and street)	P. O. BOX 83	94 94		
(Check if address is changed)	DELRAY BEA	CH	FL	33482
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES			-4T d @.	vahaa aam
(Check if address	UnitedStatesi	DemocraticTru:	st-und@	yanoo.com
is changed)	LIIIII			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address				
is changed)		1 		
2. DATE Î0 [™] ′ 29	[°] ′ 2012 ′			
3. FEC IDENTIFICATION NU	IMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belie	f it is true, correct	and complete.
Type or Print Name of Treasurer	RICHARD K	EVINSTON		
Type of the traine of treatment			_	
Signature of Treasurer	(enff)		Date 10	° ′ 29° ′ 20′12 ′
NOTE: Submission of false, errone	•	may subject the person signin	_	
Office		For further information		FEC FORM 1
Use Only		Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	ssion	(Revised 02/2009)

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	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.			OMMITTEE	
		didate	Committee: This committee is a principal campaign committee. (Complete the candidate information below	
	(a)			•
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	npiete the candidate
	Name Candi			
Candidate Office St			State	
	Party	Affiliation	on Sought: House Senate President	District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi	-		
	Part	y Con	nmittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(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 co	nnected 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)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
			In addition, this committee is a Labbyiet/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
	(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
			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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Write or Type Committee Name				
MASSACHUS	ETTS DEMOCRATIC	IKUSI FUN	ט	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Jo	bint Fundraising Represe	ntative, or Leade	rship PAC Sponsor
NONE	11111111111			
Mailing Address				
	CITY	S	TATE	ZIP CODE
Relationship: Conne	octed Organization Affiliated Committee	Joint Fundraising Rep	presentative L	eadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of	of the person in p	ossession of committee
Full Name	HARD KEVINSTON			
Mailing Address	P. O. BOX 8394			
			1 1 1 1 1 1	1
	DELRAY BEACH	·	-L 334	82
Title or Position	CITY	STA	ATE	ZIP CODE
GOVERNMENT	RELATIONS DIRECTOR	Telephone number	[561,]_[945, _ [2234 ,
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) g., assistant treasurer).	of the treasurer of the cor	nmittee; and the	name and address of
Full Name of Treasurer	HARD KEVINSTON		1 1 1 1 1	
Mailing Address	P. O. BOX 8394	111111		
				
	DELRAY BEACH		FL 334	
Title or Position	СІТУ	ST/ Telephone number	ı561 i i	ZIP CODE 945 2234
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FEC Form 1 (R	Revised 02/2009)	· · · · · · · · · · · · · · · · · · ·	Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephor	ne number	
Mailing Address	B&T BANK [6473,WEST ATLANTIC AVENUE LIDELRAY BEACH		133484
		لــــــا لـــا	
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	itory, etc.		
L			
Mailing Address			
Mailing Address			
Mailing Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Co	onfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
Imp	11/5/12
PREPARER (3/2005)	DATE PREPARED