

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 MAY 13 Office Use Only
12:44:45 PM P. 35

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12:44:45
FEC MAIL CENTER

SCHWARTZ FOR CONGRESS

ADDRESS (number and street) 5 ABERNATHY ROAD

(Check if address is changed)

LEXINGTON MA 02420

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

X (Check if address is changed)

linfio@shielly2014.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

X (Check if address is changed)

www.shielly2014.com

2. DATE 05 01 2014

3. FEC IDENTIFICATION NUMBER C00561324

4. IS THIS STATEMENT NEW (N) OR X 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.

Designated Agent/Candidate
Type or Print Name of Treasurer Sheldon Schwartz

Designated Agent/Candidate
Signature of Treasurer [Signature] Date 05 01 2014

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 06/2012)

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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 SHELDON SCHWARTZ

Candidate Party Affiliation D Office Sought: House Senate President State MA District 05

- (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

1403123408

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Two rows of grid lines for entering the name of the organization.

Mailing Address

Grid lines for entering the mailing address, including fields for city, state, and zip code.

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

Grid line for entering the full name.

Mailing Address

Grid lines for entering the mailing address, including fields for city, state, and zip code.

Title or Position

CITY

STATE

ZIP CODE

Grid line for entering the title or position.

Telephone number

Grid lines for entering the 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

Grid line for entering the full name of the treasurer.

Mailing Address

Grid lines for entering the mailing address, including fields for city, state, and zip code.

Title or Position

CITY

STATE

ZIP CODE

Grid line for entering the title or position.

Telephone number

Grid lines for entering the telephone number.

14031234409

Full Name of Designated Agent

SHELDON SCHWARTZ

Mailing Address

5 ABERNATHY ROAD

LEXINGTON MA 02420

CITY

STATE

ZIP CODE

Title or Position

CANDIDATE

Telephone number

781-652-8206

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.

CITIZENS BANK

Mailing Address

1776 MASSACHUSETTS AVENUE

LEXINGTON MA 02420

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1403123410

1403123411



Sheldon Schwartz
5 Abernathy Rd
Lexington, MA 02420-2510

08 MAY 2014 PM 2:1

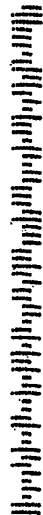


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Federal Election Commission
999 E Street, NW
Washington, DC 20463



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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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	5/14/13 DATE PREPARED

(8/2013)