FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	OF	RGANIZA	IION		
		(See instructions)			Office use only
NAME OF COMMITTEE (in		Check if name changed)	Example: If typying, type over the lines	12FE4M5	1 1
ACTBLUE					
ADDRESS (number and	d street)	ox 382110			
(Check if addis changed)	ress Cambr	idge			02238
		Cl	ITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA					
info@actblue	.com 				
COMMITTEE'S WEE	PAGE ADDRESS (URL	_)			
www.actblue	.com	11111	<u> </u>	11111	
	<u> </u>		<u> </u>	11111	
COMMITTEE'S FAX 6178124758	NUMBER				
2. DATE <b>M</b>	M / D D / Y 30	2 0 0 6 °			
3. <b>FEC IDENTIFIC</b>	ATION NUMBER	C	C00401224		
4. IS THIS STATE	MENT NEW (	N) OR	X AMENDED (A)		
I certify that I have exam	nined this Statement and to	the best of my knowle	dge and belief it is true, correc	t and complete	
Type or Print Name o	f Treasurer <b>Ma</b>	itt DeBergalis			
Signature of Treasure	er Electronically Filed b	oy Matt DeBerg	alis	Date 0 2	28 7 2008
NOTE: Submission of f			object the person signing this S		
Office Use Only			For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2003)

FE3AN042.PDF

	FEO <b>Forn</b>	<b>1</b> (Revised 02/2003)	Page 2
5.	TYPE OF COM	MITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	ne candidate
	(b)	information below.)	ie candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
٠.			
L	None		
L			
	Mailing Addres	s	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conne	cted Organization:	
	Corpo	ration Corporation w/o Capital Stock Labor Organi	zation
		pership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name			
ACTBLUE			
		ber optional), and position of the	he person in
Full Name Matt DeBerg	galis		
Mailing Address	PO Box 382110		
	Cambridge	MA	02138 _
Title or Position ▼	TRELUE  Indian of Records: Identify by name, address, (phone number optional), and position of the person in ession of Committee books and records.    Matt DeBergalis   PO Box 382110	ZIP CODE A	
Treasurer			
Treasurer: List the name and a name and address of any designment	address (phone number optio gnated agent (e.g., assistant tre	nal) of the treasurer of the comm asurer).	ittee; and the
Full Name of Treasurer Matt DeBerg	galis		
Mailing Address	PO Box 382110		
_	PO Box 382110  Cambridge  CITY A  r  e and address (phone number optionally designated agent (e.g., assistant treast)  PO Box 382110  Cambridge  CITY A  CITY A  CITY A		02138
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number 617	395 9506
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Talanhara annahan	

Page 3

Mailing Address

Boston

Page	4
· ago	•

02116 \_

ZIP CODE 🛕

MA

 $\mathsf{STATE}\, \boldsymbol{\vartriangle}$ 

Name of Bank, Depos	sitory, etc.																									
	Bank of	Americ	a																							
Mailing Address		730 15	oth Str	eet l	NW														1			1				
														ш						1						Ш
		Washi	ington					Ш								D	С		L	_	2	200	05			
					С	ITY	Δ								S	TAT	Έ∠	١				ZII	P C	ODE	≣ .	Δ
Name of Bank, Depos	sitory, etc.																									
	Citibank	<b>.</b>	1 1	1 1	1	1	I	l I	1	1	ı	1	1 1	1	1	1	1	1	1	1	1	ı	ı	1 1		1
_		491 B	ovisto	n St	ree	t	-					_														

CITY 🗻