FEC FORM 1		STATEMEI ORGANIZ	_		Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	5
Tisei Cong	ressio	nal Committee			
ADDRESS (number and	d street)	932 Lynnfield Street			
(Check if add is changed)		Lynnfield			01940
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAI (Check if a is changed	address	S (Please provide only one e prm4tisei@gmail.com	-mail address)		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if a is changed					
2. DATE 04	M / D I	2012			
3. FEC IDENTIFIC	ATION NU	MBER C C	00506170		
4. IS THIS STATEM	IENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex Type or Print Name o Signature of Treasurer	f Treasurer Mr. Bria	s Statement and to the best Mr. Brian M Cresta n M Cresta	of my knowledge and belief it	bis true, correct	M / D D / Y Y Y Y
		ous, or incomplete information	may subject the person signing t		the penalties of 2 U.S.C. §437g.
	A 1	NY CHANGE IN INFORMATI	ON SHOULD BE REPORTED W	ITHIN 10 DAYS	
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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	FEC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE
Can	didate	e Committee:
(a)	\times	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 Cand	e of lidate	Mr. Richard R Tisei
	lidate / Affiliati	ion REP Office Sought: X House Senate President State District 06
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate	
Part	ty Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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.)
Join	t Func	draising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

Title or Position

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Tisei Congressional Committee

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

	Mailing Address																																				
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											С	۲I	Y										S	TAT	E					Z	IP	СО	DE				
	Relationship:	С	onne	ecte	d Oı	gani	izatio	on		٩ffili	ateo	d C	omr	nitte	e		Jo	int I	Fur	ndra	aisir	ng l	Rep	ores	sen	tati	ve		Le	ead	ers	hip	PA	.C :	Spo	nso	r
7.	Custodian of R books and recor		rds:	lder	ntify	by ı	nam	e, a	ddro	ess	(ph	one	e nu	ımb	er -	0	ptio	onal) ai	nd	pos	sitic	n c	of t	he	per	sor	n in	ро	sse	ess	ion	of	CO	nmi	ittee	ý
	Full Name	N	lr. Pa	ul F	R Mo	oore		1	I	I		1	I	1	I	I		1	1	I	I		I	I	I			1	I	I	I		I	1	I	I	
	Mailing Address				9	32 Ly	ynnf	ield	Stre	et]
					Ľ	ynnf	ield			<u> </u>													Ľ	MA)194 	40 				- [_				

Telephone number	617 901	8343

STATE

ZIP CODE

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).

CITY

Full Name	Mr. Brian M Cresta
of Treasurer	
Mailing Address	5 Ogden Street
	Middleton MA 01949 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 781 598 2012

Full Name of Designated Agent	Mr. Paul R.	Moore														1					
Mailing Address		932 Lynnfield Str	eet																		
		Lynnfield									MA			0	1940			- [
			(CITY							STATI	Ξ				ZIF	P C	DDE			
Title or Position	ager						Telep	ohon	e ni	umt	er		61	7] – [90 ²		- [83	843	

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.

	Lynn Community Credit Union		
Mailing Address	1 Andrew Street		
	Lynn		1901
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE