

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2014 MAY 20 AM 11:45

Office Use Only MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MATT FECTEAM FOR CONGRESS

ADDRESS (number and street)

PO BOX 3652

(Check if address  
is changed)

PANTRYCURET

CITY ▲

RI

STATE ▲

02861

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

MATTFORRI@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

HTTP://MATTFORRI.COM

2. DATE

05 / 06 / 2014

3. FEC IDENTIFICATION NUMBER ▶

C00561316

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

Angelica Melton

Signature of Treasurer

*Angelica Melton*

Date

05 / 06 / 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)

14031240836

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 MATT FECTEAU

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State RI District 01

- (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

14031240837

Write or Type Committee Name

MATT FECTEAU FOR CONGRESS

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

ANGELICA MELTON

Mailing Address

16637 LYNDALE DR

RALEIGH

NC

27612

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

919-306-9844

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

ANGELICA MELTON

Mailing Address

16637 LYNDALE DR

RALEIGH

NC

27612

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

919-306-9844

14031240838

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

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

800 NEW PORT AVE

PAWTUCKET

RI

02861

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031240839

PRESS FIRMLY TO SEAL

# PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE

RECEIVED  
PRESS FIRMLY TO SEAL  
MAY 20 AM 11:45  
FEC MAIL CENTER

U.S. POSTAGE  
PAID  
RALEIGH, NC  
27609  
MAY 19, 14  
AMOUNT

**\$19.99**  
00022944-22



1007



EK209251925US

**PRIORITY  
★ MAIL ★  
EXPRESS™**



CUSTOMER USE ONLY  
FROM: (PLEASE PRINT)

A. Walker  
6637 Sparkle Dr.  
Raleigh, NC 27612

PHONE ( )

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

Federal Election Commission  
9700 Street NW  
Washington, DC  
20546-03-

PHONE ( )

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
27612	5-20-14	\$ 19.99	
Post Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
5-19-14	10:30 AM - 12:00 PM	\$ -	\$ -
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
		\$ -	\$ -
Weight	Flat Rate	Total Postage & Fees	
	\$ -	\$ 19.99	
lbs. ozs.	Acceptance/Employee Initials		
	AW		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9988

3-ADDRESSEE COPY

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



EPI3F July 2013 OD: 12.5 x 9.5



PS1000100006

STATES  
SERVICE

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5/19/14
<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

*[Handwritten Signature]*

PREPARER  
(8/2013)

5/20/14

DATE PREPARED

14031240841