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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

			Unice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4003 SEP AM 9: 25
			FEC MAIL CENTER
Maciel For Congress			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1			
ADDRESS (number and street)	719 High Street Ap	<u>t 1 </u>	
(Check if address is changed)			
	Cumberland, , , ,		RI 02864 -
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address		Mamail com	
is changed)			
	Optional Second E-Mail Add		
			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)	www.macielforcong	ress.com	
is changed)			
2. DATE 09 05	2013		. •
3. FEC IDENTIFICATION NU	IMBER ▶ C H	4RI01091	
	in a second	mad ne užem v uvojvostom sta kali	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the hest	of my knowledge and helief it	is true correct and complete
i comy mar i nave examined in	is claiming and to the best	or my knowledge and beiler it	is true, contest and complete.
Type or Print Name of Treasurer	Jonathan Maciel		
•		7	
Signature of Treasurer		2	Date 09 05 2013
			i visit (1996) de la Colombia de la Colombia
		may subject the person signing the DN SHOULD BE REPORTED WI	his Statement to the penalties of 2 U.S.C. §437g.
Office	S. B. W. C. III O'	For further information co	
Use		Federal Election Commissio Toll Free 800-424-9530	PPL - PLIKIN I

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	TYPE OF COMMITTEE (
Can	didate	e 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. (Complet information below.)	e the candidate		
	Name of Candidate Jonathan Maçiel				
	didate Affiliati	on Ind Office Sought: House Senate President	State RI District 01		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of iidate				
Parl	ty Con	nmittee:			
(d)		1)) (mocratic, publican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:		
		Corporation Corporation w/o Capital Stock	abor Organization		
		Membership Organization Trade Association C	ooperative		
		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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political		
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political		
Committees Participating in Joint Fundraisor					
	1.	FEC ID number	~_~~~~		
	2.	FEC ID number	~_^_~		
	3.	FEC ID number	~		
	4.	FEC ID number			

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Write or Type Committee Name					
Maciel For Congress					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	ip PAC Sponsor			
Mailing Address					
	CITY STATE 2	ZIP CODE			
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor			
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 					
Full Name Debor	rah De Carvalho Gelsi , , , , , , , , , , , , , , , , , , ,	لتتتبينا			
Mailing Address	51 Red Oak Hill Road				
		ليبيب			
	Wentworth NH L03282	<u> </u>			
Title or Position	CITY STATE 2	ZIP CODE			
Media Relations	Telephone number 603 - 76	54 - 1,000,			
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 Jonati	han _ı Maqiel				
Mailing Address	719 High Street Apt 1				
	Cumberland				
Title or Position		IP CODE			
Candidate	Telephone number 508 - 95	64 - 7794			

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Full Name of Designated Agent	cy Hoyt		
Mailing Address	7,19 High St Apt 1		
	Cumberland CITY	LRI STATE	02864 -
Title or Position			
Assistant Treasu	Telephone	number 4	01 - 516 - 5836
Wind Mailing Address	entham Co-operative Bank		
Mailing Address	102 South Street		
	Wrentham	LMA	02093 -
	СПУ	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
لبا			
Mailing Address			
		لباا	<u> </u>
	CITY	STATE	ZIP CODE

Maciel For Congress 719 High St Apt 1 Sumberland, RI 02864

2013 SEP 11 APA 9: 25

13SEP 11
Federal Election Commission

999 E Street, N.W.

Washington, Dc 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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USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
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	Next Business Day Delivery			
Received from House Records & Registration	Date of Receipt on Office			
Received from Senate Public Records Office	Date of Receipt e			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
PV DDEDADED	9/11/13			
(8/2013)	DATE PREPARED			