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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tisei Congressional Committee 932 Lynnfield Street ADDRESS (number and street) (Check if address is changed) Lynnfield 01940 MA CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) tisei@redcurve.com (Check if address X is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) tiseiforcongress.com (Check if address X is changed) DATE 04 2012 C00506170 FEC IDENTIFICATION NUMBER X IS THIS STATEMENT **OR** NEW (N) 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. Mr. Brian M Cresta Type or Print Name of Treasurer Mr. Brian M Cresta [Electronically Filed] 06 05 2012 Signature of Treasurer Date 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 02/2009) | |
|-----------------------|--|--|--|--|---|---------------------------------|--|
|-----------------------|--|--|--|--|---|---------------------------------|--|

| FEC Form 1 (Revised 02/200 | 99) | Page 2 |
|---|---|-------------------------------------|
| TYPE OF COMMITTEE Candidate Committee: | | |
| \sim | | |
| (a) This committee is a | a principal campaign committee. (Complete the candidate information below.) | |
| (b) This committee is a information below.) | an authorized committee, and is NOT a principal campaign committee. (Comple | ete the candidate |
| Name of Candidate Mr. Richar | rd R Tisei | |
| Candidate Party Affiliation REP | Office Sought: House Senate President | State MA District 06 |
| (c) This committee sup | ports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Committee: | | |
| (d) This committee is a | | Democratic, epublican, etc.) Party. |
| Political Action Committee | (PAC): | |
| (e) This committee is a | a separate segregated fund. (Identify connected organization on line 6.) Its conne | ected organization is a: |
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membershi | p Organization Trade Association | Cooperative |
| In ac | ddition, this committee is a Lobbyist/Registrant PAC. | |
| | oports/opposes more than one Federal candidate, and is NOT a separate segrate connected committee) | regated fund or party |
| | this committee is a Lobbyist/Registrant PAC. | |
| - F | this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Represer | ntative: | |
| | ects contributions, pays fundraising expenses and disburses net proceeds for two ations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (h) This committee collection | ects contributions, pays fundraising expenses and disburses net proceeds for two ations, none of which is an authorized committee of a federal candidate. | or more political |
| commuces/organiza | and is, notice of which is an authorized committee of a federal candidate. | |
| Committees Participatin | ıg in Joint Fundraiser | |
| 1. [| FEC ID number | |
| 2. | FEC ID number | |
| 3. [| FEC ID number | |
| 4. | | |

| 550 5 4 (D : 100 | None) | |
|---|--|----------------------------|
| FEC Form 1 (Revised 02 Write or Type Committee Name | :/2009) | Page 3 |
| | anal Committee | |
| Tisei Congression | | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| Young Guns 2012 Rou | nd 1. | |
| | | |
| Mailing Address | 228 S Washington Street | |
| | STE 115 | |
| | Alexandria VA 223 | 314 |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee X Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Identi books and records. | ify by name, address (phone number optional) and position of the person | in possession of committee |
| Bradley T C | rate | 1 |
| Full Name Mailing Address | 138 Conant St | |
| manning / taurious | 1st Floor | |
| , | Beverly MA 01 | 915 |
| Title or Position | CITY STATE | ZIP CODE |
| Assistant Treasurer | Telephone number 617 | 4350 |
| 3. Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and t sistant treasurer). | he name and address of |
| Full Name Mr. Brian M | Cresta | |
| of Treasurer | 5 Orden Street | |
| Mailing Address | 5 Ogden Street | |
| l | | |
| I | Middleton MA 019 | |
| Title or Position , Treasurer | CITY STATE | ZIP CODE |
| <u> </u> | Telephone number | |

| | II I (ICCVISCU | 0 2 /2009) | | | | | - |
|-------------------------------------|----------------|--|--------------------|-----------------|--------------|------------|--------------------|
| Full Name of Designated Agent | Bradley T C | rate | | | | 1 1 1 1 | |
| Mailing Address | | 138 Conant Street | | | | | |
| 3 | | 1st Floor | | | | | |
| | | Beverly | | | MA | 01915 | - |
| | | CI | TY | | STATE | | ZIP CODE |
| Title or Position Assistant Treas | urer | | | Telephone nu | mber | 617 | 231 - 4350 |
| Banks or Other safety deposit bo | Depositorie | s: List all banks or other o | depositories in wh | nich the commit | tee deposits | funds, hol | ds accounts, rents |
| Name of Bank, [| Depository, et | c. | | | | | |
| Name of Bank, [| Depository, et | c. pmmunity Credit U | nion | | 1 1 1 1 | 1 1 1 1 | |
| Name of Bank, I | Depository, et | c. | nion | | | | |
| | Depository, et | c. pmmunity Credit U | nion | | | | |
| | Depository, et | c. pmmunity Credit U | nion | | MA | 01901 | |
| | Depository, et | c. pmmunity Credit U 1 Andrew Street | nion | | MA STATE | 01901 | ZIP CODE |
| | Depository, et | c. pmmunity Credit U 1 Andrew Street Lynn C | | | | 01901 | ZIP CODE |
| Mailing Address | Depository, et | c. pmmunity Credit U 1 Andrew Street Lynn C | | | | 01901 | ZIP CODE |
| Mailing Address Name of Bank, [| Lynn Co | c. pmmunity Credit U 1 Andrew Street Lynn Cl | | | | 01901 | ZIP CODE |
| Mailing Address | Lynn Co | c. | | | | 01901 | |