STATEMENT OF

PAGE 1 / 4 =

FORM 1		C	RGAN	IZATI	ION						Office	e Use	Onlv			
1. NAME OF COMMITTEE (in	full)		(Check if name is changed)		xample:I	f typing, nes.	type	12	2FE4	4M5						
State Stree	t Bank	and	Trust Co	ompar	ny Vo	olunta	ary F	Poli	tica	ıl A	ctic	n (Con	nmi ⊥⊥	itte	e_
																Ш
ADDRESS (number a	nd street)	Box 535	51													Ш
(Check if a is changed																
J	,	Boston	CITY A						MA LLL TATE		02206		 ZIP C	ODE	<u> </u>	Ш
COMMITTEE'S E-MA	AIL ADDRES	S														
X ◀ (Check if a is changed		jbmcd	onald@state	street.co	m 											
		Optiona kcrow	l Second E-Ma vley@skado	ail Address den.com												Ш
【																
2. DATE 0	M / D D D	/ Y	2015													
3. FEC IDENTIFIC	CATION NUI	√BER	C	C00072	751											
4. IS THIS STATEM	MENT X	NEW	/ (N) O	R	A	MENDE	D (A)									
certify that I have e	examined this	Statem	ent and to the	best of my	y knowle	dge and	belief i	t is tru	ue, co	rrect	and c	omple	ete.			
Type or Print Name	of Treasurer	J. Barry	/ McDonald Jr.													
Signature of Treasure	er <i>J. Barr</i> y	y McDona	ld Jr.		[Electr	ronically F	filed]	Date	,	M = M	1	16	1	20	15	Y
NOTE: Submission of			complete inform	-							the pe	enaltie	s of 2	U.S.C	. §43	37g.
Office Use Only					Federa Toll Fr	rther info al Election ee 800-424 202-694-11	Commiss 4-9530		t:				FOF ed 06/	RM 1 (2012)	1	

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TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Comp	plete the candidate information below.)
	a principal campaign committee. (Complete the candidate
information below.) Name of	
Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and	d is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) of	committee of the (Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify co	onnected organization on line 6.) Its connected organization is a
X Corporation Corpor	ration w/o Capital Stock Labor Organization
Membership Organization Trade	Association Cooperative
X In addition, this committee is a Lobbyist/Re	gistrant PAC.
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	I candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant I	PAC.
In addition, this committee is a Leadership PAC. (Id	entify sponsor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising experience committees/organizations, at least one of which is an author	
(h) This committee collects contributions, pays fundraising expectations, none of which is an authorized co	enses and disburses net proceeds for two or more political
Committees Participating in Joint Fundraiser	
1.	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

Title or Position Treasurer

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Write or Type Committee I	Name	
State Street B	Bank and Trust Company Voluntary Political Act	ion Committee
6. Name of Any Connect	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
State Street Bank a	and Trust Company	
Mailing Address	One Lincoln Street	
	Boston MA 021	11
	CITY STATE	ZIP CODE
J. Ba Full Name	arry McDonald Jr.	
	arry McDonald Jr. One Lincoln Street	
Full Name	·	
Full Name	·	11
Full Name	One Lincoln Street	11
Full Name	One Lincoln Street Boston MA 021	
Full Name Mailing Address Title or Position Treasurer I Treasurer: List the nam	One Lincoln Street Boston CITY STATE	ZIP CODE - 664 - 8085
Full Name Mailing Address Title or Position Treasurer I. Ireasurer: List the nam any designated agent (expression)	One Lincoln Street Boston CITY STATE Telephone number me and address (phone number optional) of the treasurer of the committee; and the	ZIP CODE - 664 - 8085
Full Name Mailing Address Title or Position Treasurer I. Treasurer: List the nam any designated agent (effective full Name J. Bar	One Lincoln Street Boston CITY STATE Telephone number me and address (phone number optional) of the treasurer of the committee; and the fe.g., assistant treasurer).	ZIP CODE - 664 - 8085
Full Name Mailing Address Title or Position Treasurer J. Bar of Treasurer	One Lincoln Street Boston CITY STATE Telephone number me and address (phone number optional) of the treasurer of the committee; and the ie.g., assistant treasurer). arry McDonald Jr.	ZIP CODE - 664 - 8085

CITY

STATE

Telephone number

617

ZIP CODE

8085

664

	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
		[-] [
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	iolas accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Santander Bank NA 125 Summer Street	Midd decounts, Tents
safety deposit be	oxes or maintains funds. Depository, etc. Santander Bank NA 125 Summer Street	Midd decounts, Tents
safety deposit b Name of Bank,	Depository, etc. Santander Bank NA 125 Summer Street	
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Santander Bank NA 125 Summer Street	
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safety deposit b Name of Bank,	Depository, etc. Santander Bank NA 125 Summer Street Boston CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Santander Bank NA 125 Summer Street Boston CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Santander Bank NA 125 Summer Street Boston CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Santander Bank NA 125 Summer Street Boston CITY STATE Depository, etc.	
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safety deposit be Name of Bank, Mailing Address	Depository, etc. Santander Bank NA 125 Summer Street Boston CITY STATE Depository, etc.	