Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. **FULFORD FOR CONGRESS** 127 STOVEPIPE ALLEY ADDRESS (number and street) (Check if address is changed) **MONROE** 04951 ME CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PBFULFORD1@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address MLRFULFORD1@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.FULFORDFORCONGRESS.COM (Check if address is changed) DATE 2018 C00651117 FEC IDENTIFICATION NUMBER > 3. 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. REEVE, MARTHA, LEGG, , Type or Print Name of Treasurer REEVE, MARTHA, LEGG, , [Electronically Filed] 04 18 2018 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

TYPE OF COMMITTEE  Candidate Committee:  (a)  This committee is a principal campaign committee, (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate  Party Affiliation  DEM  Office  Sought:  House  Senate  President  District  Candidate  Party Affiliation  DEM  Office  Sought:  House  Senate  President  District  Candidate  Party Affiliation  DEM  Office  Sought:  Output  Sought:  Committee  Senate  President  District  Candidate  Party Committee:  (National, State  Candidate, and is NOT an authorized committee.  Party Committee:  (National, State  Candidate, and is NOT an authorized committee.  Political Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  Corporation  Corporation  Corporation  Corporation  Cooperative  Labor Organization  Labor Organization  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  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.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addition, this committee is a Lobbyist/Registrant PAC.  (I)  In addit	(a) (b)  Name of Candida	idate  x  of ate	Committee:  This committee is a principal campaign committee. (Complete the candidate information below.  This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)  FULFORD, JONATHAN, STEVEN,	•
This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate  Candidate  Perty Affiliation  DEM Office Sought: X House Senate President District  O2  (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  Party Committee: (d) This committee is a Separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  Corporation Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  Corporation Corporation Trade Association Cooperative  In addition, this committee is a Lobbytst/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 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, none of which is an authorized committee of a federal candidate.	(a) (b)  Name of Candida  Candida	of ate	This committee is a principal campaign committee. (Complete the candidate information below. This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)  FULFORD, JONATHAN, STEVEN,	•
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Committoes Participating in Joint Fundraison	(h)			vo or more political
Continuitees ranticipating in John rundraiser		Comr	nittees Participating in Joint Fundraiser	
1.				
2.		2.		
3.				
		4.		

FEC <b>Form 1</b> (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	r age 3
FULFORD FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records.	session of committee
BAILEY, PHILIP, LANSING, , Full Name	1
86 JELLISON COVE ROAD	
Mailing Address	
HANCOCK , ME , 04640	
Title or Position CITY STATE 2	ZIP CODE
CAMPAIGN MANAGER  Telephone number	664 - 3015
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name REEVE, MARTHA, LEGG, , of Treasurer	1
1460 BILIFE ROAD	
Mailing Address	
NORTHPORT   ME   104849	
	ZIP CODE
Title or Position	338 - 5216

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent HA	ATFIELD, HANNAH, , ,	
Mailing Address	19 WATER STREET	
	LIBERTY ME 04949  CITY STATE Z	ZIP CODE
Title or Position ASSISTANT TREAS	SURER Telephone number	
Banks or Other Dep safety deposit boxes	<b>positories:</b> List all banks or other depositories in which the committee deposits funds, holds or maintains funds.	accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  OOWN EAST CREDIT UNION	accounts, rents
safety deposit boxes  Name of Bank, Depo	POWN EAST CREDIT UNION  92 LINCOLNVILLE AVENUE  BELFAST  ME 04915	zaccounts, rents
safety deposit boxes  Name of Bank, Depo	OOWN EAST CREDIT UNION  92 LINCOLNVILLE AVENUE  BELFAST  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	OOWN EAST CREDIT UNION  92 LINCOLNVILLE AVENUE  BELFAST  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	OOWN EAST CREDIT UNION  92 LINCOLNVILLE AVENUE  BELFAST  CITY  STATE	
Safety deposit boxes  Name of Bank, Depo  Mailing Address  Name of Bank, Depo	OOWN EAST CREDIT UNION  92 LINCOLNVILLE AVENUE  BELFAST  CITY  STATE	
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