FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEO MAIL CENTER

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Committee:	to Elect.	Masile Boyd		
ADDRESS (number and street)	12,0,0,8, Sou	the IT Street	t_{1}	
✓ (Check if address is changed)				
	Fort Smi	the state of	7,2,9,0,1]- STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	ess		•	
	Mas, i.e. Boy	dagmail.com	4	
	Optional Second E-Mail	Address		
en e	· ·		,	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	MosieBoy	d.com		
2. DATE 08 / 1	3 2019	\$ 1		
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the be	est of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	. Mosem	arie Boyd		
Signature of Treasurer	M.B	oyd	Date 08 13 2019	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530	FFL. FURNI I	

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	.,		(10.001)		
5.			DMMITTEE		
21.1	Cano	Candidate Committee:			
	(a)	[i]	This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	Accountable to the second	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
	Name Candi		Mosemarie Dora Boyd ("Mosie")		
	Candi Party	date Affiliatio	on DEM Office Senate President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	v Com	mittee:		
, : :	(d)	Terrorania di	This committee is a (National, State (Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):		
	(e)	The state of the s	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.		
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				
		٠	In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Joint	Fund	raising 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)	Tourse .	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.		
	•	Comi	mittees Participating in Joint Fundraiser		
	÷	1, 1	FEC ID number C		
		2,	FEC ID number		
		3.	FEC ID number		
		4.			

FEC Form 1 (Revised 02/2009)				_ Pa	age 3	
Write or Type Committee Name	<u> </u>	<u>—</u> — <u>-</u>				
Committee to E	Tect Mosie	Boyd				
6. Name of Any Connected Organization		//	esentative, or	Leadership PAC	Spons	or
Majdam Priesliden	IT PAGIII					
		, <u> </u>				
Mailing Address 200	18 South 17	Street				
For	A Smith 1		MA	729011		
	CITY		STATE	ZIP CC		
Relationship: Connected Organizat	tion Affiliated Committee	Joint Fundraising	Representativ	e U Leadership	PAC S	ponsor
 Custodian of Records: Identify by nan books and records. 	ne, address (phone number -	optional) and positi	on of the pers	on in possession	of com	mittee
	Tie Boyd			1 1 1 1	<u> 1 1 ·</u>	أـــــــــا
Mailing Address	8 South T	street		1 1 1 1 1		لــــــــــــــــــــــــــــــــــــــ
				1 1 1 1 1		لــــــــا
Far	it Smith		AR	7,29,01	- [
Title or Position	CITY		STATE	ZIP CC	DE	
Treasurer		Telephone nun	nber 47	79- <u>353</u>	- 19,9	61
Treasurer: List the name and address any designated agent (e.g., assistant treasurer).		f the treasurer of the	committee; a	nd the name and	address	s of
Full Name Moseuman	Tie Boyd	1 1 1 1 1 1	1 1 1			لــــا
Mailing Address 200	& South TS	treet			1 1	·
	1- Ca. W	<u> </u>	i A-A	7200		ل ـــــا
	CITY		STATE	ZIP CO	DE	i <u> </u>
Title or Position	· <u> </u>	Telephone nurr	nber <u>47</u>	9-353	-19,9	61

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Federal Election Commission 1050 First Street, N.E. Washington, D.C. 20002

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	al	8-20-19		
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