

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

10 MAR 30 AM 11:26

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT JOE KENNEDY TO SENATE

ADDRESS (number and street)

20 HYDE PARK STREET

(Check if address
is changed)

DEDHAM

MA

02026

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

Dave@JoeKennedyforSenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

http://JoeKennedyforSenate.com

2. DATE

03 / 22 / 2010

3. FEC IDENTIFICATION NUMBER

C00468207

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

to change treasurer

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan M. Oliveira

Signature of Treasurer

Susan M Oliveira

Date

03 / 22 / 2010

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)

10020183100

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate JOSEPH L. KENNEDY

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) 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.
- (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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) 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.

Committees Participating in Joint Fundraiser

1.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

10020183101

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty dotted lines for organization name]

Mailing Address

[Empty dotted lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JOSEPH L. KENNEDY

Mailing Address

20 HYDE PARK STREET

DEDHAM MA 02026

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 617-309-9585

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

SUSAN M. OLIVEIRA

Mailing Address

200 FALLS BLVD.

UNIT I 303

QUINCY MA 02169

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 617-549-8844

10020183102

Full Name of Designated Agent

[Empty dotted line for name]

Mailing Address

[Empty dotted line for address]

[Empty dotted line for address]

[Empty dotted line for address]

CITY

STATE

ZIP CODE

Title or Position

[Empty dotted line for title]

Telephone number

[Empty dotted line for phone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SOVEREIGN BANK

Mailing Address

1780 GALLIVAN BOULEVARD

[Empty dotted line for address]

DORCHESTER MA 02122

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty dotted line for name]

Mailing Address

[Empty dotted line for address]

[Empty dotted line for address]

[Empty dotted line for address]

CITY

STATE

ZIP CODE

10020183103

10020183104

From:

S. Oliveira
200 Falls Blvd. I 313
Quincy, MA
02169



TO:	Secretary of State Office of Public Records P.O. Box 2517 Alexandria, VA 22301-0517
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DH

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3-30-10

10020183105

10020183106

