Image# 201804179110322154				04/17/2010 15.20
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Grohman for Co	ngress			
ADDRESS (number and street)	PO Box 924			
(Check if address is changed)				
	Biddeford └────────────────────────────────────		ME STATE ▲	4005 – – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	campaign@martygrohi			
is changed)	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
	D / Y Y Y Y 13 2018			
B. FEC IDENTIFICATION N	UMBER ► C C	00676528		
. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name of Treasur	er Southwick, Bill, , ,			
Signature of Treasurer <u>Sou</u>	thwick, Bill, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 17 2018
IOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED \		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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	FEC Fo	Page 2	
TYF	PE OF C	COMMITTEE	
Ca	ndidate	e 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.)	9
	ne of ididate	Grohman, Martin, , ,	
	ididate ty Affiliati	tion UN Sought: X House Senate President	ME 01
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Con	mmittee:	
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Provided in the state	arty.
Pol	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		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 p committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Func	draising 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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		۲
			-
	3.	FEC ID number	늭
	4.	FEC ID number	_

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Write or Type Committee Name

Grohman for Congress

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

N			
	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and position of the person in possession of committee
	Southwick,	Bill, , ,	
	Mailing Address	16 Congress Street	
		Biddeford	ME 04005
	Title or Position	CITY	STATE ZIP CODE
			Telephone number
8.	Treasurer: List the name and any designated agent (e.g., a		of the treasurer of the committee; and the name and address of

Full Name of Treasurer	Southwick, Bill, , ,		
Mailing Address	16 Congress Street		
	Biddeford	 ME 04005	
	CITY	 STATE	ZIP CODE
Title or Position	CITY	STATE	ZIP CODE

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Full Name of Designated Agent																		1	1									
Mailing Address		L																										
		L																										
							CI				 									L		71						
Title or Position							CI	ΙΥ									517	41 E				ZI	P	JUL	JE			
												Tele	eph	one	e ni	umt	ber											

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.

Biddef	ord Savings Bank		
Mailing Address	254 Main Street		
	Biddeford	ME 04005	
	CITY	STATE ZIF	P CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIF	P CODE