

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Lincoln Democratic Town Committee

ADDRESS (number and street)

BOX 6337

(Check if address is changed)

LINCOLN

CITY ▲

MA

STATE ▲

01773

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mmclaugh@usc.edu

Optional Second E-Mail Address
bslayter@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://www.lincolnmadems.org/

2. DATE

MM / DD / YYYY
02 / 03 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C C00827832

4. 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.

Type or Print Name of Treasurer McLaughlin, Margaret, Louise, Ms.,

Signature of Treasurer

McLaughlin, Margaret, Louise, Ms.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 16 / 2022

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 _____

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 SUB (National, State or subordinate) committee of the DEM (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.)
- (g) This committee is an independent expenditure-only political committee (Super PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

Lincoln Democratic Town Committee

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

NONE

Grid for organization name

Mailing Address

Grid for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

McLaughlin, Margaret, Louise, Ms.,

Full Name

Grid for full name

Mailing Address

7 Deer Run Road

Grid for mailing address

Lincoln

MA

01773

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Co-Treasurer

Grid for title or position

Telephone number

626

429

1388

Grid for telephone number

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).

McLaughlin, Margaret, Louise, Ms.,

Full Name of Treasurer

Grid for full name of treasurer

Mailing Address

7 Deer Run Road

Grid for mailing address

Lincoln

MA

01773

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Co-Treasurer

Grid for title or position

Telephone number

626

429

1388

Grid for telephone number

Full Name of Designated Agent Mason, Elizabeth, Rachel ,

Mailing Address 289 S. Great Rd. Lincoln MA 01773 CITY STATE ZIP CODE

Title or Position Co-Treasurer Telephone number 978 831 4351

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.

Digital Federal Credit Union 220 Donald Lynch Blvd Marlborough MA 01752 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE