Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. TEDESCHI FOR CONGRESS 138 CONANT STREET ADDRESS (number and street) 2ND FLOOR (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TEDESCHI@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00658492 FEC IDENTIFICATION NUMBER > 3. X 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. CRATE, BRADLEY, T., MR., Type or Print Name of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] 10 19 2017 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

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate TEDESCHI, PETER, D., MR.,	
Candidate Party Affiliation REP Office Sought: House Senate Pre	State MA esident District 09
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	mittee.
Name of Candidate	
Party Committee:	(D
((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 se committee. (i.e., nonconnected committee)	parate segregated fund or party
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 proce committees/organizations, at least one of which is an authorized committee of a federal call.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate.	·
Committees Participating in Joint Fundraiser	
1 FEC ID number	
2.	
3.	
4. FEC ID number	

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Write or Type Committee	e Name	
TEDESCHI	FOR CONGRESS	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponsor
Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	RATE, BRADLEY, T., MR.,	
Full Name	138 CONANT STREET	
Mailing Address	2ND FLOOR	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	6· Telephone number	17
B. Treasurer: List the national and designated agent	ame and address (phone number optional) of the treasurer of the committee; (e.g., assistant treasurer).	and the name and address of
Full Name CR of Treasurer	ATE, BRADLEY, T., MR.,	
Mailing Address	138 CONANT STREET	
	2ND FLOOR	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	17 - 303 - 6800

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Full Name of Designated Agent	CRATE, BRADLEY, T., MR.,	
Mailing Address	138 CONANT STREET	
Mailing Address	2ND FLOOR	
	BEVERLY MA 0191	5
	CITY STATE	ZIP CODE
Title or Position	Telephone number 617 –	303 - 6800
Banks or Other safety deposit be Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit bo	oxes or maintains funds.	olds accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 11445-A LAUGHLIN AVE	olds accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 11445-A LAUGHLIN AVE	olds accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 11445-A LAUGHLIN AVE	
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safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
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