Only

STATEMENT OF

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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. Sossa-Paquette 2018 9 Meadow Lane ADDRESS (number and street) (Check if address is changed) Shrewsbury 01545 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jeffreypaquette001@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sossapaquette2018.org (Check if address is changed) DATE 01 2017 C00648923 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. Lavallee, Nicole, Reeves, Mrs, Type or Print Name of Treasurer Lavallee, Nicole, Reeves, Mrs, [Electronically Filed] 02 2018 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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		OMMITTEE • 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.)				
Nam Cand	e of didate	Sossa-Paquette, Jeffrey, Allen, Mr,				
	didate / Affiliati	on REP Office Sought: * House Senate President	State MA District 02			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	nmittee:	(D			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:			
		Corporation Wo 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.)				
Join	t 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)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		-				
Sossa-Paquette	e 2018					
•	Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor				
NONE						
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor				
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the	e person in possession of committee				
Lavallee, I	Nicole, Reeves, Mrs,					
	316 Main Street					
Mailing Address	Suite 600					
	Worcester MA	01608				
Title or Position	CITY STATE	ZIP CODE				
legal	Telephone number	508 - 425 - 6945				
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).						
Full Name Lavallee, Northeasurer	licole, Reeves, Mrs,					
Mailing Address	316 Main Street					
	Suite 600					
	Worcester MA	01608				
Tido or Docition	CITY STATE	ZIP CODE				
Title or Position legal	Telephone number	508 - 425 - 6945				

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Full Name of Designated Agent Soss	a-Paquette, Julian, Andres, ,						
Mailing Address	9 Meadow Lane						
	Shrewsbury CITY	STATE O	1545 ZIP CODE				
Title or Position agent	Telep	phone number 978	_ 868 6233				
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.							
Cor	nmerce						
Mailing Address	386 Main Street						
	Worcester	MA 01	1608				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
		STATE					