

WAYLAND DEMOCRATIC TOWN COMMITTEE

P.O. BOX 194
277 BOSTON POST ROAD
WAYLAND, MA. 01778

RECEIVED
FEC MAILCENTER
2024 MAY 28 PM 12: 26

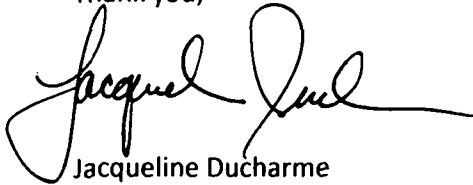
Federal Election Commission
1050 First Street, NE
Washington D.C, 20463

May 21, 2024

Dear Sir/ Madam,

Please, find enclosed a FEC Form 1, completed on behalf of the Wayland Democratic Town Committee.
We look forward in obtaining an FEC Identification Number. Please, contact me if you have any
questions or need additional information.

Thank you,



Jacqueline Ducharme

Treasurer, WDTC

508-843-1672

2024 MAY 28 PM 12: 26

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2024 MAY 28 PM 12:26

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WAYLAND DEMOCRATIC TOWN COMMITTEE

ADDRESS (number and street)

P.O. BOX 194

(Check if address
is changed)

277 BOSTON POST ROAD

WAYLAND

CITY

MA

STATE

01738

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Waylanddems@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

https://www.Waylanddems.org

2. DATE

05/19/2024

3. FEC IDENTIFICATION NUMBER

C

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

JACQUELINE DUCHARME

Signature of Treasurer

Jacqueline DuCharme

Date

05/19/2024

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 03/2022)

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
CandidateCandidate
Party AffiliationOffice
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.)

- (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.
- (ii) 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. _____

C

2. _____

C

Write or Type Committee Name

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

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.

Full Name

JACQUELINE DUCHARME

Mailing Address

44. POND DRIVE

Wayland

M.A

101778

CITY ▲

STATE A

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

508 - 843 - 1672

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

JACQUELINE DUCHARME

Mailing Address

44. POND DRIVE

Wayland

M.A.

101778

CITY A

STATE ▲

ZIP CODE ▲

Title or Position ▾

TREASURER

Telephone number

$$|5.0.8|-|84.3|-|1.6.7.2$$

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone 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.

MIDDLESEX SAVINGS BANK

Mailing Address

11 ANDREW AVE

Weyland

MA

01778

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). Joint Fundraising Participant:

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone 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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

WOTC
P.O. Box 144
277 Boston Post Rd
Wayland, MA. 01778




RECEIVED
FEC MAILCENTER

2024 MAY 28 PM 12:26

Federal Election Commission
1050 First Street, N.E.
Washington D.C. 20463

2024-05-28 10:00:00 AM

| Federal Election Commission | | |
|---|-------------------------------|--------------------------|
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS | | |
| The FEC added this page to the end of this filing to indicate how it was received. | | |
| <input type="checkbox"/> Hand Delivered | Date of Receipt | |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) | |
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked | |
| <input type="checkbox"/> Postmark Illegible | | |
| <input type="checkbox"/> No Postmark | | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date | Date of Receipt |
| | Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received via FAX | Date of Receipt | |
| <input type="checkbox"/> Received via Email | Date of Receipt | |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt | |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked | |
|  PREPARER | 05/28/2024 DATE PREPARED | |

(4/2023)