

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

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2001 JUL 26 A 11:23

Office Use Only

1. NAME OF
COMMITTEE (In full)



(Check if name
is changed)

Example: If typing, type
over the line.

12FE4M5

Committee to Elect Bill Sinnott

ADDRESS (number and street)

P.O. Box 366411



(Check if address
is changed)

Hyde Park,

MA

02136

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Bill@billsinnott.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.billsinnott.com

2. DATE

07

12

2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT



NEW (N)

OR

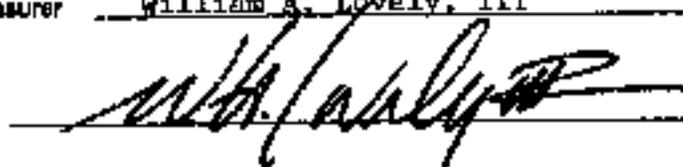


AMENDED (A)

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 William A. Lovely, III

Signature of Treasurer



Date

07

23

2001

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9880
Local 202-594-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 Bill Sinnott

Candidate Party Affiliation DEM Office Sought: House Senate President State MA District 09

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

N.A.

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 William A. Lovely, III

Mailing Address 166 Elm Street

Cambridge MA 02140

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 617 - 625 - 8325

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 William A. Lovely, III

Mailing Address 166 Elm Street

Cambridge MA 02140

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 617 - 625 - 8325

Full Name of Designated Agent Brett Marcotte

Mailing Address 5 Old Country Road

Bingham MA 02043

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 781 - 749 - 2037⁵

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.

Citizens Bank of Massachusetts

Mailing Address

53 State Street

Branch, at Exchange Place

Boston

MA

02109

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N.A.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-26-01
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	7-26-01 DATE PREPARED