

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

(See instructions)

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2009 NOV 17 AM 9:44

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typng, type over the lines 12FE4M5

Mattie Fein for Congress

ADDRESS (number and street)

(Check if address
is changed) **Redondo Beach** **CA** **90278**

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed) **treasurerlawler@sbcglobal.net**

COMMITTEE'S WEB PAGE ADDRESS (URL)

<input type="checkbox"/>	(Check if address is changed)	<hr/>	<hr/>
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2. DATE **M 11 / D 10 / Y 2009**

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

Kelly Lawler

Signature of Treasurer

Date **11/18/2009**

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 800-424-9530
Local 202-694-1100 **FEC FORM 1**
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

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

Mattie Fein

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State
DistrictCA
36

(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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

(f) In addition, this committee is a Lobbyist/Registrant PAC.

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.)

Joint Fundraising 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.
2.
3.
4.

FEC ID number

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FEC ID number

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FEC ID number

 C

FEC ID number

 C

Write or Type Committee Name

Mattie Feln for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

CITY▲**STATE▲****ZIP CODE ▲**

Relationship:

Connected Organization Affiliated Committee 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 **Kelly Lawler**Mailing Address **PO Box 984****Willows** **CA** **95988**Title or Position ▼ **Treasurer** CITY ▲ **STATE▲** ZIP CODE ▲Telephone number **530** – **934** – **5823****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 **Kelly Lawler**Mailing Address **PO Box 984****Willows** **CA** **95988**Title or Position ▼ **Treasurer** CITY ▲ **STATE▲** ZIP CODE ▲Telephone number **530** – **934** – **5823**

2903019140

Full Name of
Designated
Agent

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.

Well Fargo

301 S. Pacific Coast Highway

Mailing Address

CA

90278

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/12/09
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	11/19/09
PREPARER (3/2005)	DATE PREPARED

2005011405