

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FE 4 M 5  
FEC MAIL CENTER

The Committee to elect John Wood

ADDRESS (number and street)

3 Grosvenor St

(Check if address is changed)

Fair Haven

CITY ▲

Vt

STATE ▲

05743

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JSFwoodiy@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

02 / 03 / 2015

3. FEC IDENTIFICATION NUMBER ►

C00570127

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

Brenna Molloy (Egerton)

Signature of Treasurer

*Brenna Molloy*

Date

02 / 03 / 2015

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 06/2012)

1100111001 4440

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 Candidate John Joseph Wood

Candidate Party Affiliation  Ind Office Sought:  House  Senate  President State  VT 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.)

**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.	_____	FEC ID number	<input checked="" type="checkbox"/> _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> _____

11444-1001-10001

Write or Type Committee Name

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

Mania

Mailing Address

[Grid for 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

Treasurer

Mailing Address

[Grid for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Grid for title or position]

Telephone number

[Grid for telephone number]

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

Brianna Cheyenne Malloy

Mailing Address

44 West St

Fair Haven

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

802-353-5495

1100011100014442

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

TD Bank

Mailing Address

350 Canada St

[Grid for Mailing Address Line 2]

Lake George NY 12845

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

11044 1001 1001 1001

4444 COUNTEY WASH

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Fair Haven VT 05743

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Federal Ele. Commission  
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Washington DC

PHONE ( ) -

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Date Acceptance (MM/DD/YYYY)	2/11/2015	Delivery Attempt (MM/DD/YYYY)	Time
Scheduled Delivery Date (MM/DD/YYYY)	2/13/15	Employee Signature	
Scheduled Delivery Time	12:30 AM	Employee Signature	
Insurance Fee	\$ 19.99	Delivery Attempt (MM/DD/YYYY)	Time
Inspection Fee	\$	Delivery Attempt (MM/DD/YYYY)	Time
Renewal Request Fee	\$ 2.10	Employee Signature	
Live Animal Transportation Fee	\$	Employee Signature	
Total Postage & Fees	\$ 22.09		

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 1-ORIGIN POST OFFICE CC /PY

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Federal Election Commission  
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*APL*  
 PREPARER  
 (8/2013)

2/13/15  
 DATE PREPARED

11444 1001 1001