

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 APR 21 PM 12:03

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

John P. Devine for U.S. Senate Committee to Elect

ADDRESS (number and street)

4 Warren Ave Apt C

(Check if address is changed)

Woburn

CITY ▲

MA

STATE ▲

01801-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JohnPDevineforSenate@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 10 / 2018

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

John P. Devine

Signature of Treasurer

[Signature]

Date

04 / 10 / 2018

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)

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 P. Devine

Candidate Party Affiliation  Ind Office Sought  House  Senate  President State  MA District  01

- (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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

201704210200145492

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines 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

John P. Devine

Mailing Address

4 Warren Ave.

Woburn

MA

01801

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

339-927-4318

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

John P. Devine

Mailing Address

4 Warren Ave.

Woburn

MA

01801

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

[Empty grid lines for telephone number]

2017042100014548

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty 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.

CITIZENS BANK

Mailing Address

355 Main Street

[Empty grid for Mailing Address line 2]

Woburn MA 01801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

201704210200145485

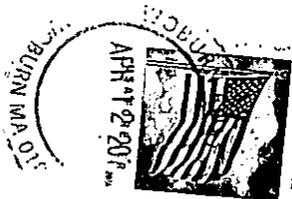
John P. Devine  
4 Warren Ave Apt C  
Meburn, MA. 01801

Screened by 13  
Senate Trust Office

APR 19 2017

Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, D.C. 20510-7116

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_ Date of Receipt 4/21/17

USPS FIRST CLASS MAIL \_\_\_\_\_ Date of Receipt 4/12/17 Postmark 4/12/17

USPS REGISTERED/CERTIFIED \_\_\_\_\_ Postmark \_\_\_\_\_

USPS PRIORITY MAIL \_\_\_\_\_ Postmark \_\_\_\_\_

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_ Postmark \_\_\_\_\_

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_ Date of Receipt \_\_\_\_\_

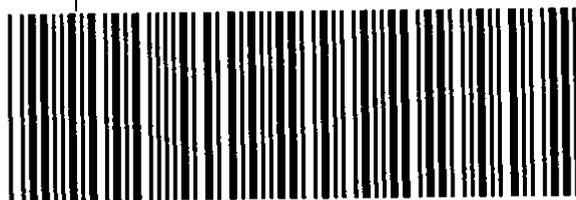
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_ Date of Receipt \_\_\_\_\_

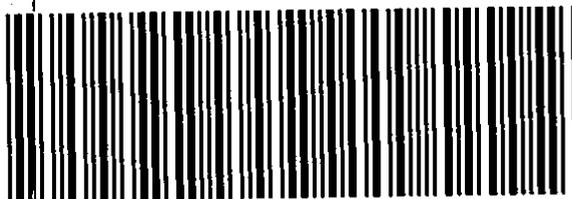
OTHER \_\_\_\_\_ Date of Receipt or Postmark \_\_\_\_\_

PREPARER MN DATE PREPARED 4/21/17

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SEN PATCH



SEN PATCH

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