FEC FORM 1

STATEMENT OF ORGANIZATION

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

2. DATE □ □ □ / □ □ / 2019

3. FEC IDENTIFICATION NUMBER □

C00722132

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 □

Martin, Gemma, , ,

[Electronically Filed] Date □ □ □ / □ □ / 2019

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.
5. TYPE OF COMMITTEE

Candidate Committee:

(a) [ ] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [X] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Cavell, David, F.,

Candidate Party Affiliation: DEM

Office Sought: [X] House

State: MA

District: 04

(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
Write or Type Committee Name

Cavell for Congress

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

NONE

Mailing Address

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin, Gemma,</td>
<td>PO Box 719</td>
<td></td>
<td>Connected Organization</td>
</tr>
<tr>
<td></td>
<td>Brookline MA 02446</td>
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</tbody>
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7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

<table>
<thead>
<tr>
<th>Full Name</th>
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Telephone number 781-686-9199

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).

<table>
<thead>
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Telephone number 781-686-9199
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.

<table>
<thead>
<tr>
<th>Amalgamated Bank</th>
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<tbody>
<tr>
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Name of Bank, Depository, etc.

| Mailing Address   | |
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CITY STATE ZIP CODE