Image# 201908159162877500				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	<b>BSS</b>			
	14 Miller's Farm Road			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
	Billerica └────────────────────────────────────		MA 0182 STATE ▲	1 − ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI				
<ul> <li>(Check if address is changed)</li> </ul>	mixonforstaterep@gma			
<i>c</i> ,	Optional Second E-Mail Ad	dress mail.com		
	mixomorsialerep@g			
COMMITTEE'S WEB PAGE AD				
	5 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	UMBER ► C c	00715805		
A. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true correct and c	complete
		e. my momougo and boller it	to the, control and t	
Type or Print Name of Treasure	er Mixon, Matthew, , ,			
Signature of Treasurer	on, Matthew, , ,	[Electronically Filed]	Date 08	15 / Y Y Y Y 2019
NOTE: Submission of false, error		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on <b>r</b>	FEC FORM 1 (Revised 06/2012)

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FI	EC Foi	rm 1 (Revised 02/2009) Page 2							
TYPE	OF C	OMMITTEE							
Canc	lidate	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 candidat information below.)									
Name Candio		Mixon, Matthew, , ,							
Candia Party	date Affiliatio	06							
		District							
(C)	ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Candio									
Party	/ Com	imittee:							
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party							
Politi	ical A	ction 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	Fund	raising 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.							
	Com	mittees Participating in Joint Fundraiser							
	1.	FEC ID number							
	2.	FEC ID number							
	3.	FEC ID number							
	4.	FEC ID number							

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Write or Type Committee Name

## Mixon for Congress

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

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	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number o	optional) and position of the person in possession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY	STATE ZIP CODE
			Telephone number
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	the treasurer of the committee; and the name and address of
	Full Name Mixon, Mat of Treasurer	thew, , ,	
	Mailing Address	14 Miller's Farm Road	
		Billerica	MA     01821       STATE     ZIP CODE
	Title or Position		978     667     9258       Telephone number
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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(								STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

Santa	nder Bank		
Mailing Address	508 Boston Road		
	Billerica	MA	01821
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE