FEC

STATEMENT OF

FORM 1	ORGANIZAT	ΓΙΟΝ		
1 0111111 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Joe Malone for	Congress			
سسسسا				
ADDRESS (number and s	treet) 243 Church St.			
(Check if address	Sujte P			
is changed)	Pembroke		MA	02359 -
	CI	ITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mai	,		
(Check if address X is changed)	chris@joemalonecong	ress.com 		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	www.joemalonecongre	ss.com		
is changed)				
2. DATE 0.8	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER C	C00478495		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowled	dge and belief it is true, correct a	and complete	
·		.	·	
Type or Print Name of	Treasurer Christopher David	Sneidon		
Signature of Treasurer	Electronically Filed by Christopher	David Sheldon	Date 08	/ D D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may su		•	
Office		For further information		
Use Only		Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF C	OMMITTEE (Check One) Committee:					
	(a) X	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 information below.)	ne candidate				
	Name of Candidate	Joseph Daniel Malone					
	Candidate Party Affiliat	ion REP Office X House Senate President	State MA District 10				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Com	nittee: (National, State					
	(d)	This committee is a (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	d organization is a:				
		Corporation Corporation w/o Capital Stock Lat	oor Organization				
		Membership Organization Trade Association Co	poperative				
		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 committee. (i.e., nonconnected committee)	fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
_	Joint Fundra	aising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(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.					
	Con	nmittees Participating in Joint Fundraiser					
		1. FEC ID number					
		2. FEC ID number					
		3 FEC ID number C					
		EEC ID number C					

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Write or Type Committee Name					
Joe Malone for Congres	s				
6. Name of Any Connected Org	anization, Affiliated Committee, J	loint Fundraising Repres	sentative, or Leade	ership PAC Sponsor	
<u> </u>					
Mailing Address					
	CITY		STATE A	ZIP CODE	
Relationship:					
Connected Organization	Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor	
possession of Committee I Full Name Linda N					
Mailing Address	142 Jericho Road				
	Scituate		MA	02066 _ 3560	
Title or Position ▼ Assistant 1	CITY A	Telephone n	STATE Aumber 781	ZIP CODE 14 - 545 - 0005	
	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 Christo	pher David Sheldon				
Mailing Address	20 Roosevelt Ave.				
	Hull		_MA_	02045	
Title or Position ♥	CITY A		STATE	ZIP CODE 4	
Treasurer		Telephone n	781	_ 829 _ 6500	

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Full Na Design Agent	nated	Linda Malone		
Mailing	Address	142 Jericho Road		
		Scituate		02066 – 3560
Title or Po	sition V	CITY A	STATE 🛦	ZIP CODE A
	Assistant 1	reasurer T	Telephone number	5450005
safety de	r Other Depositories posit boxes or mainta Bank, Depository, etc	ains funds. C.	he committee deposits funds, hol	ds accounts, rents
Mailing A		and Trust Company 288 Union Street		
		Rockland	MA L	02370 1896
		CITY 🗖	STATE⊿	ZIP CODE 🛕
Name of	Bank, Depository, etc).		
Mailing A	ddress			
		CITY 🗖	STATE △	ZIP CODE 🛕