PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Doherty for Congress PO Box 6251 ADDRESS (number and street) (Check if address is changed) Providence 02940 RI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS edgalvin@dohertyforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) dohertyforcongress.com (Check if address is changed) DATE 04 2012 C00496851 FEC IDENTIFICATION NUMBER > 3. X 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. Victoria M. Almeida Type or Print Name of Treasurer Victoria M. Almeida [Electronically Filed] 10 2012 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cand		e Committee:	
(a)	\times	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. (Con information below.)	nplete the candidate
Name Candid		Brendan Doherty	
Candic	date	Office	State
Party A	Affiliati	on REP Sought: X House Senate President	District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N		. 230
Doherty for C		
	ed Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
Young Guns 2012 I	Round 2	
	228 S. Washington St., Suite 115	
Mailing Address		
		20244
	Alexandria V	'A 22314 – – –
	CITY	TATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Rep	resentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position o	of the person in possession of committee
Edwar Full Name	d J. Galvin	
	320 Newport Avenue	
Mailing Address		
	Rumford	RI 02916-2117
Title or Position	CITY STA	TE ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comg., assistant treasurer).	nmittee; and the name and address of
Full Name Victori	a M. Almeida	
of Treasurer	IOne Citizens Plaza	
Mailing Address	One Citizens Plaza	
	8th Floor	
		RI 02903
Title or Position Treasurer	CITY STA	TE ZIP CODE
	Telephone number	

	m i (Revisea (02/2009)	Page 4
Full Name of			
Designated Agent			
Mailing Address	L		
	L		
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
 Banks or Othe safety deposit b 	oxes or mainta	: List all banks or other depositories in which the committee deposits fu ins funds.	
safety deposit b Name of Bank,	oxes or mainta	ins funds.	
safety deposit b	oxes or mainta Depository, etc	ins funds.	
safety deposit b	oxes or mainta Depository, etc	ins funds.	
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ins funds. 1908 K Street	
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ins funds.	20006
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ins funds. 1908 K Street	
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ins funds. 1908 K Street Washington CITY STATE	20006
safety deposit b Name of Bank, Mailing Address	oxes or mainta Depository, etc	ins funds. 1908 K Street Washington CITY STATE	20006
safety deposit b Name of Bank, Mailing Address	oxes or mainta Depository, etc	1908 K Street Washington CITY STATE	20006
safety deposit b Name of Bank, Mailing Address	Depository, etc	1908 K Street Washington CITY STATE	20006
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc	1908 K Street Washington CITY STATE	20006
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc	1908 K Street Washington CITY STATE	20006