

FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1/4 RECEIVED SECRETARY OF THE SENATE

13 DEC 30 AM 11:39

Office Use Only

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

12FE4M5

Martha Coakley for Senate

ADDRESS (number and street)

600 Pennsylvania Ave, SE

(Check if address is changed)

Suite 210

Washington

DC

20003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

coleman@capcompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 20 / 2013

3. FEC IDENTIFICATION NUMBER

C C00466573

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

(Checked)

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 Kim Coleman

Signature of Treasurer Assist. Kim Coleman

Kim Coleman

Kim Coleman

Date

12 / 20 / 2013

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.

Table with 5 columns and 1 row, labeled '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)

13020574562

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 Martha Coakley

Candidate Party Affiliation  DEM  REP  LIB  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49

- (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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

13020574563

Write or Type Committee Name

# Martha Coakley for Senate

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

\_\_\_\_\_

\_\_\_\_\_

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 Kim Coleman

Mailing Address 600 Pennsylvania Ave SE

Ste 210

Washington DC 20003 - \_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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 Anne Gentile

Mailing Address 120 Prospect St

\_\_\_\_\_

Ashland MA 01721 - \_\_\_\_\_

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

13020574564

Full Name of Designated Agent Kim Coleman

Mailing Address 600 Penn Ave SE

Ste 210

Washington DC 20003

CITY

STATE

ZIP CODE

Title or Position Assistant Treasurer

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.

TD Bank

Mailing Address 361 Pond St

Ashland MA 01721

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020574565

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 12-30-13  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

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

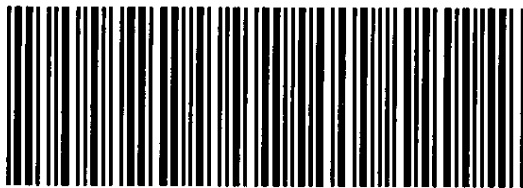
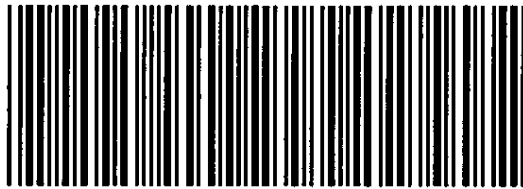
POSTMARK ILLEGIBLE  NO POSTMARK

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

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

PREPARER DH DATE PREPARED 12-30-13

13020574566



13020574567