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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. Terry Ryan for Congress 6 Carriage Way ADDRESS (number and street) (Check if address is changed) Westford 01886 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS terryryanforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address tirwestford@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00658435 FEC IDENTIFICATION NUMBER > 3. 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. Ryan, Edward, W,, Type or Print Name of Treasurer Ryan, Edward, W,, [Electronically Filed] 10 18 2017 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

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (committee is an authorized committee, and is NOT a principal campaign committee. (committee is an authorized committee, and is NOT a principal campaign committee. (committee is an authorized committee, and is NOT a principal campaign committee. (committee is an authorized committee).	Complete the candidate
Candidate Party Affiliation Office Sought: House Senate Presider	State MA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 separat committee. (i.e., nonconnected committee)	te segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candid	·
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee Name		raye 3
Terry Ryan for (_	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
	· gama-and,	
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in	possession of committee
Ryan, Edw	ard, W, ,	1
Mailing Address	6 Carriage Way	
	Westford MA 0188	36
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 603	3575
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Ryan, Edwa	ard, W, ,	.
Mailing Address	6 Carriage Way	
Š		
	Westford	36 -
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 603 -	566 - 3575

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit b	Depository, etc. Enterprise Bank and Trust ,222 Merrimack St	
safety deposit b Name of Bank,	Depository, etc. Enterprise Bank and Trust 222 Merrimack St	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Enterprise Bank and Trust 222 Merrimack St Lowell MA 01852	2
safety deposit by Name of Bank, Mailing Address	Depository, etc. Enterprise Bank and Trust 222 Merrimack St Lowell CITY STATE	2
safety deposit by Name of Bank, Mailing Address	Depository, etc. Enterprise Bank and Trust 222 Merrimack St Lowell CITY STATE Depository, etc.	2
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Enterprise Bank and Trust 222 Merrimack St Lowell CITY STATE Depository, etc.	2
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Enterprise Bank and Trust 222 Merrimack St Lowell CITY STATE Depository, etc.	2