Only

# STATEMENT OF

PAGE 1 / 10 -

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Seth for Massachusetts, Inc. PO Box 2013 ADDRESS (number and street) (Check if address is changed) Salem 01970 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tara@CommonCentsConsulting.net is changed) Optional Second E-Mail Address pratt@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.SethMoulton.com (Check if address is changed) DATE 2025 C00547240 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Gilligan, Tara,, Date 12 2025 Signature of Treasurer Gilligan, Tara, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

_	
FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate Moulton, Seth, , ,	
Candidate Party Affiliation  Office Sought: House  X Senate President	State MA dent District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (National, State	Democratic,
(d) This committee is a	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 separate committee. (i.e., nonconnected committee)	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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts	(Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal cand	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1 C	

С

•	FEC Form 1 (Revis	sed 02/2009)	Page <b>3</b>
۷	Vrite or Type Committee N	lame	
	Seth for Mass	achusetts, Inc	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	MOULTON LEAD	DERSHIP FUND	1
	Mailing Address	PO BOX 2013	
	<b>3</b>		
		CALEM	
		SALEM 019	970
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Conne	ected Organization	Leadership PAC Sponso
			_
7.	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person in pos	session of committee
	Gilliga Full Name	an, Tara, , ,	
		PO Box 2013	
	Mailing Address		
		Salem MA 09	170
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT = STATE =	ZIF CODE =
	լTreasurer	202	ı 854 <sub>  1</sub> 9399
		Telephone number	- [
_			
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the.g., assistant treasurer).	e name and address of
	Full Name Gilliga		
	of Treasurer	an, Tara, , ,	
	Mailing Address	PO Box 2013	
	Mailing Address		
		Salem MA 09	170
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Talanhana numbar   202	_   854   _   9399
		Telephone number	

FEC Form 1	I (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Pratt, Christopher, , ,	1 1 1 1 1	
Mailing Address	PO Box 2013		
	Salem	MA MA	09170
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	1	
	Telephone	number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the compares or maintains funds.	nmittee deposits fu	nds, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	Western Alliance Bank	1	
Mailing Address	1 E Washington St		
	Ste 1400		
	Phoenix	AZ	85004
	CITY ▲	STATE ▲	ZIP CODE ▲

Paga	of	10	
Page	OI		

(h). <b>Joint Fundraisi</b> r	gp			
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated	Committee, Joint Fund	raising Representativ	ve, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE A	ZIP CODE ▲
			t Fundraising Represen	tative Leadership PAC Sp
			t Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif			t Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif			t Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif			t Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif	by name, address (pho		st Fundraising Represen	
esignated Agent: Identif  Full Name  Mailing Address	by name, address (pho	ne number – optional)		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material deposit boxes	ries: List all banks or othaintains funds.	ne number – optional)	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or marks	ries: List all banks or othaintains funds.	ne number – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, etc.  East Weepository, etc.	ries: List all banks or oth aintains funds.	ne number – optional)	STATE A	ZIP CODE A

Page of 10
------------

h). <b>Joint Fundraisi</b> n				
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated Com	mittee, Joint Fundrais	sing Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CIT	<b>/ ^</b>	STATE ▲	ZIP CODE ▲
	Affiliated Co		undraising Represent	ative Leadership PAC Sp
	Affiliated Control of the Affiliated Control		undraising Represent	ative Leadership PAC Sp
esignated Agent: Identify			undraising Represent	Leadership PAC Sp
esignated Agent: Identify			undraising Represent	Leadership PAC Sp
esignated Agent: Identify			undraising Represent	Leadership PAC Sp
esignated Agent: Identify	by name, address (phone nu	imber – optional)	undraising Represent	
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone nu	imber – optional)		
Full Name	ries: List all banks or other definitains funds.	Imber – optional)	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other definitains funds.	Imber – optional)	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material deposition and the composition of Bank, epository, etc.	cod 5	Imber – optional)	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor of the deposit boxes or main and a process of the deposit boxes of the deposi	CITY A  ies: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor aftery deposit boxes or mail	CITY   CITY   ies: List all banks or other depositories in which intains funds.	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, First Ho	CITY   CITY   ies: List all banks or other depositories in which intains funds.	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, First Ho	CITY   CITY   ies: List all banks or other depositories in which intains funds.	Telephone Number	

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ig Participant:				
1.			FEC II	O number	С
2.			FEC II	O number	С
3.			FEC II	O number	C
4.			FEC II	O number	C
Name of Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
riolationomp.				SIAIL A	ZIF CODE A
		Affiliated Committee  (phone number – option	Joint Fundraisin	g Representa	ative Leadership PAC Spo
Designated Agent: Identi				g Representa	Leadership PAC Spo
Designated Agent: Identi				g Representa	Leadership PAC Spo
Designated Agent: Identi				g Representa	Leadership PAC Spo
Designated Agent: Identi		(phone number – option	al)		
Designated Agent: Identi	y by name, address		al)	g Representa	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	y by name, address	(phone number – option	al)	STATE A	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management.	y by name, address	(phone number – option	al)  Telephone N	STATE A	
Pesignated Agent: Identi  Full Name	by by name, address  I V  Dries: List all banks aintains funds.  Bank  B5 Broad St	(phone number – option	al)  Telephone N	STATE A	ZIP CODE A

Paga	of	10
Page	Oī	

4   1   1   1   1   1   1   1   1   1	Participant:	FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID Hullibei	<u> </u>
ame of Any Connected (	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name			
Full Name			
Full Name			
Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional)		
Full Name Mailing Address  TITLE OR POSITION TO THE PROPERTY OF THE PRO	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or main and ame of Bank, Truist B	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or main arms of Bank, Truist B	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or main arms of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which ntains funds.  ank	STATE A	ZIP CODE A

Paga	of	10	
Page	OI		

5(g) or (h). <b>Joint Fundraising</b>	g Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number C
4.		FEC ID number C
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
Mailing Address		
Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Organization Affiliated Committee Joint Full Joint Full State of S	fundraising Representative Leadership PAC Sponso
Full Name		
Mailing Address		
TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
	Tele	phone Number
9. Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.		ne committee deposits funds, holds accounts, rents
Mailing Address	180 N LaSalle St	
	Ste 300	