

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

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

12FE4M5

Jim Govatsos 4 Congress

ADDRESS (number and street)

44 Old Post Road

☐(Check if address  
is changed)

Walpole

CITY ▲

MA

STATE ▲

02032

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address  
is changed)

jim4congress@gmail.com

Optional Second E-Mail Address

rblaisedamish@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

jim4USCongress.com

2. DATE

MM / DD / YYYY  
05 / 03 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00879155

4. 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.

Type or Print Name of Treasurer Damish, Robert, B.,

Signature of Treasurer Damish, Robert, B.,

Date

MM / DD / YYYY  
06 / 24 / 2024

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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 Govatsos, James, M, ,

Candidate Party Affiliation REP

Office Sought: ☒ House

☐ Senate

☐ President

State MA

District 08

- (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.)

- (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 for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ 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. \_\_\_\_\_

C

2. \_\_\_\_\_

C

Write or Type Committee Name

Jim Govatsos 4 Congress

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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 Damish, Robert, B, ,

Mailing Address 36 Pemberton Street

Unit A

Walpole

MA

02032

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

508

446

0370

## 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 Damish, Robert, B, ,

Mailing Address 36 Pemberton Street

Unit A

Walpole

MA

02032

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

508

446

0370

Full Name of  
Designated  
Agent

Govatsos, James, M, ,

Mailing Address

44 Old Post Road

Walpole

MA

02032

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

508

641

1705

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.

Dedham Savings

Mailing Address

1428 Main Street

Walpole

MA

02081

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

I am writing in response to 2 issues found on your RFAI letter dated June 17, 2024 from Senior Analyst Chris Jones.  
1. This amendment fixes 5(b) State code to: MA 2. In addition we acknowledge that we filed the FEC Form 1 more than 10 days after filing our Statement of Organization. I apologize as that was our misunderstanding of when to file FEC1. We erred in thinking we had until our finance activity reached \$5k in contributions/expenditures. We realized our error when we applied for a Bank Account and immediately filed FEC1. Thank you, Robert Damish, Treasurer

Form/Schedule:  
Transaction ID: