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) over the lines. is changed) FRIENDS OF SEAN BIELAT C/O DB Captiol Strategies ADDRESS (number and street) 203 S Union St, Ste 300 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbacker@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00476598 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. Dan Backer Type or Print Name of Treasurer Dan Backer [Electronically Filed] 07 2014 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. **FEC FORM 1** (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name	X e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.) SEAN BIELAT	ete the candidate
Cand	idate		
Cand Party	idate Affiliati	ion REP Office Sought: X House Senate President	State MA District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Polit	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a
		Corporation Corporation w/o Capital Stock	_abor 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 segr committee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

FFO Farm 4 (David and 00/0000)	David 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
FRIENDS OF SEAN BIELAT	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	andership BAC Spansor
	eadership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records.	ı in possession of committee
Dan Backer Full Name	1
Mailing Address 203 South Union Street	
Suite 300	
Alexandria VA 2	2314
Title or Position CITY STATE	ZIP CODE
Treasurer 202 Telephone number	5431
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name Dan Backer	1
of Treasurer 203 South Union Street	
Mailing Address Suite 300	
	2314 _
Alexandria VA 22 CITY STATE	ZIP CODE
Title or Position Treasurer Title or Position Treasurer Telephone number	5431

FEC Fo	r m 1 (Revised	d 02/2009)	Page 4
Full Name of Designated	Hope Biela	at	
Agent			
Mailing Address	6	22 James Street	
		Attleboro MA 027	703
		CITY STATE	ZIP CODE
Title or Position Campaign Ma		Telephone number 617	- 738 - 1279
Banks or Othe safety deposit I Name of Bank,	Depository, e	etc.	holds accounts, rents
safety deposit l	Depository, e	ntains funds. Petc. ne Bank	holds accounts, rents
safety deposit l	Depository, e	atains funds.	holds accounts, rents
safety deposit I Name of Bank,	Depository, e	ntains funds. Petc. ne Bank	holds accounts, rents
safety deposit I Name of Bank,	Depository, e	ntains funds. Petc. ne Bank	
safety deposit I Name of Bank,	Depository, e	ntains funds. Petc. ne Bank 1340 Beacon Street	
safety deposit I Name of Bank,	Depository, e	ne Bank 1340 Beacon Street Brookline CITY STATE	46
safety deposit I Name of Bank, Mailing Addres	Depository, e	ne Bank 1340 Beacon Street Brookline CITY STATE	46
safety deposit I Name of Bank, Mailing Addres	Depository, e	ne Bank 1340 Beacon Street Brookline CITY STATE	46
safety deposit I Name of Bank, Mailing Address	Depository, e	ne Bank 1340 Beacon Street Brookline CITY STATE	46
safety deposit I Name of Bank, Mailing Address	Depository, e	ne Bank 1340 Beacon Street Brookline CITY STATE	46