

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

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

12FE4M5

Rachel Brown for Congress

ADDRESS (number and street) 76 Summer St 3rd Fl (Check if address
is changed) CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

 (Check if address
is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) 2. DATE / / 3. FEC IDENTIFICATION NUMBER 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

William A Ferguson, Jr

Signature of Treasurer

Electronically Filed by

William A Ferguson, Jr

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

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

Rachel Brown

Candidate Party Affiliation

Office Sought:

House

Senate

President

State
District**MA
04**

(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

(f) In addition, this committee is a Lobbyist/Registrant PAC.
 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.
2.
3.
4.

FEC ID number

C	<input type="text"/>

Write or Type Committee Name

Rachel Brown for Congress

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

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	<input style="width: 750px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="text"/>
Mailing Address	<input style="width: 750px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="text"/>
	<input style="width: 750px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="text"/>
	<input style="width: 750px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="text"/>
	<input style="width: 750px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="text"/>

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	William A Ferguson, Jr		
Mailing Address	76 Summer St 3rd Fl		
<hr/>			
Boston			
<hr/>			
MA	02110 –		
<hr/>	<hr/>		
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<hr/>	<hr/>	<hr/>	<hr/>

Full Name of
Designated
Agent _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Bank of America

Mailing Address

175 Federal St

MA

02110

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲