FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

JAMES R MICELI FOR CONGRESS

ADDRESS (number and street) PO BOX 1018

☐ (Check if address is changed)

TEWKSBURY MA 01876

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

james@jamesrmiceliforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jamesrmiceliforcongress.com

COMMITTEE'S FAX NUMBER

8886509708

2. DATE MM 04 / DD 10 / YYYY 2007

3. **FEC IDENTIFICATION NUMBER** C C00433383

4. IS THIS STATEMENT [X] 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 **Ms Margaret G. Wilson**

Signature of Treasurer Electronically Filed by **Ms Margaret G. Wilson** Date MM 04 / DD 11 / YYYY 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

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

Image# 27930487783

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: **Rep. James R. Miceli**

Candidate Party Affiliation: **DEM**

Office Sought: [X] House [ ] Senate [ ] President

State: **MA**

District: **05**

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) [ ] This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican,etc.) Party.

(e) [ ] This committee is a separate segregated fund

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY **STATE** **ZIP CODE**

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

JAMES R MICELI FOR CONGRESS

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: **Ms Margaret G. Wilson**

Mailing Address: **34 Chestnut St.**

Wilmington | **MA** | **01887** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number **978** – **604** – **9799**

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: **Ms Margaret G. Wilson**

Mailing Address: **34 Chestnut St.**

Wilmington | **MA** | **01887** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number **978** – **604** – **9799**

Full Name of Designated Agent: **Rep. James R. Miceli**

Mailing Address: **11 Webber St.**

Wilmington | **MA** | **01887** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

candidate

Telephone number **978** – **658** – **9797**

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.

Danversbank

Mailing Address **One Conant Street**

Danvers | **MA** | **01923** –

CITY ▲ **STATE** ▲ **ZIP CODE** ▲