

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

09 SEP 11 AM 11:15

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Stephen F Lynch for Senate

ADDRESS (number and street)

105 Farragut Rd

(Check if address is changed)

Boston

MA

02127

CITY

STATE

ZIP CODE

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

(Check if address is changed)

david@chickmontanagroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
09 / 03 / 2009

3. FEC IDENTIFICATION NUMBER

C

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

Brian F Miller

Signature of Treasurer

Date

MM / DD / YYYY
09 / 03 / 2009

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 Only

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

FEC FORM 1
(Revised 02/2009)

29020311816

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: Stephen F Lynch

Candidate Party Affiliation: DEM Office Sought: House Senate President State: MA District:

- (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.	<input type="text"/>	FEC ID number	C <input type="text"/>
2.	<input type="text"/>	FEC ID number	C <input type="text"/>
3.	<input type="text"/>	FEC ID number	C <input type="text"/>
4.	<input type="text"/>	FEC ID number	C <input type="text"/>

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Write or Type Committee Name

Stephen F Lynch for Senate

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 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

Brian F Miller

Mailing Address

105 Farragut Rd

South Boston

MA

02127

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

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

Brian F Miller

Mailing Address

105 Farragut Rd

South Boston

MA

02127

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 617 269 3306

29020311818

Full Name of Designated Agent **David N Martin**

Mailing Address **202 Bonham Rd**
Dedham MA 02026

Title or Position **Assistant Treasurer**
CITY A STATE A ZIP CODE A
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.

Citizens Bank

Mailing Address **53 Tremont Street**
Boston MA 02127
CITY A STATE A ZIP CODE A

Name of Bank, Depository, etc.

Mailing Address
CITY A STATE A ZIP CODE A

29020311819



EXTREMELY URGENT

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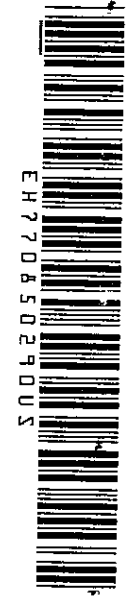
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affix customs declarations
(PS Form 2976, or 2976A).



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EH770850290US

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage	Return Receipt Fee	Insurance Fee
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd/3rd Day	\$	\$	\$
Date Accepted	Scheduled Date of Delivery	COB Fee	Total Postage & Fees	Acceptance Emp. Initials
Mo. Day Year	Month Day	\$	\$	
Time Accepted	Scheduled Time of Delivery			
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM			
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
lbs. ozs.	Intl Alpha Country Code			

FROM: PLEASE PRINT PHONE ()

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UNITED STATES POSTAL SERVICE

Post Office to Addressee

Addressee Copy
Label 11-B, March 2004

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Delivery Attempt	Time	Employee Signature
Mo. Day	Mo. Day	Mo. Day
Mo. Day	Mo. Day	Mo. Day
Mo. Day	Mo. Day	Mo. Day
Mo. Day	Mo. Day	Mo. Day

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature of recipient. A signature is required for delivery of insured mail. If delivery employee judges that article can be delivered and is authorized that delivery employee's signature is valid proof of delivery.

NO DELIVERY
Weekend/Holiday
Mailing Signature

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ZIP + 4 RI S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

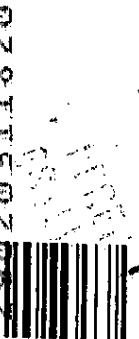
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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

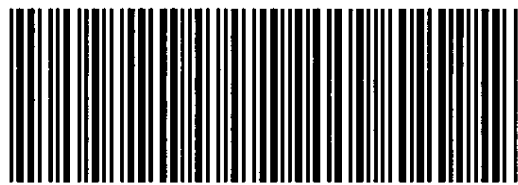
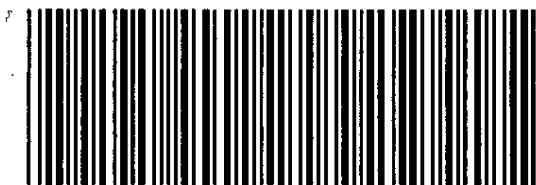
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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 09-11-09

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