

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAILCENTER

2024 OCT 17 AM 11:25

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Manchester-by-the-Sea Democratic Town Committee

ADDRESS (number and street)

12 Bridge St.

☐

(Check if address  
is changed)

Manchester-by-the-Sea

CITY ▲

MA

STATE ▲

01944

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

marthafarm@gmail.com

Optional Second E-Mail Address

michl2ku@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

04

13

2024

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

Martha C. Farmer

Signature of Treasurer

Martha C. Farmer

Date

10

08

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  
Only

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

FEC FORM 1  
(Revised 03/2022)

## 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:☐ House☐ Senate☐ President

State

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 ☐ SUB (National, State or subordinate) committee of the ☐ DEM (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. \_\_\_\_\_

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

C	_____
C	_____

2024-10-17-03-00484860

Write or Type Committee Name

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

Massachusetts Democratic Party

Mailing Address

11 Beacon St # 411

Boston

CITY ▲

MA

STATE ▲

02108

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

Martha C. Farmer

Mailing Address

12 Bridge St.

Manchester-by-the-Sea

CITY ▲

MA

STATE ▲

01944

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

508

527

1832

## 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

Martha C. Farmer

Mailing Address

12 Bridge St.

Manchester-by-the-Sea

CITY ▲

MA

STATE ▲

01944

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

508

527

1832

20241017030048861

Full Name of  
Designated  
Agent

Michele M. Kulick

Mailing Address

38 Forest St.

Manchester-by-the-Sea

MA

01944

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Chair and Assistant Treasurer

Telephone number

978

807

1046

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.

Cape Ann Savings Bank

Mailing Address

17 Beach St.

Manchester-by-the-Sea

MA

01944

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

20241017 03:00:48.866

Optional Supplemental Information  
for Lines 5(i) or (j), 6, 8 and/or 9

## 5(i) or (j). Joint Fundraising Participant:

1.	
2.	
3.	
4.	

FEC ID number

C	
---	--

FEC ID number

C	
---	--

FEC ID number

C	
---	--

FEC ID number

C	
---	--

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


Mailing Address


Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

--

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.

--

Mailing Address


CITY ▲

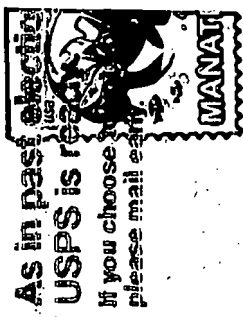
STATE ▲

ZIP CODE ▲

20241017 03:00:48.666

4688484000301710142202

Manchester Democratic Town Committee  
c/o Martha C. Farmer, Treasurer  
12 Bridge Street  
Manchester-by-the-Sea, MA 01944

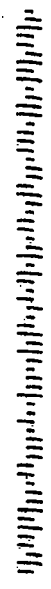


BOSTON MA 020  
9 OCT 2024 PM 5 L

*Federal Election Commission  
1050 First St. N.E.  
Washington, DC 20463*

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 10/17/24
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> <span>Shipping Date</span> <span>Date of Receipt</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	10/17/24 DATE PREPARED

(4/2023)

2024-10-17 03:00:48.4865