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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED.

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Office Use Only

				Office Use C	nly
1. NAME OF COMMITTEE (in full)	(Check i is chang		Example:If typing, type over the lines.	12FE4M5	
Massachusetts: Sena	tte 2012	1111			
		1.111			
ADDRESS (number and street)	120 Maryla	and Avei.]	NE 1 1 1 1 1 1 1 1		لسب
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is changed)	Washingto	<u>on </u>		<u>DG</u> 20002	ــــــا-لــــــا
		CIT	Υ	STATE ZIP	CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide	e only one e-mai	il address)		
(Check if address	gomplian	ce@ds¢c.o	rg		ليسيب
is changed)	سسسا				لتستينا
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address					
is changed)					
2. DATE 02 ' 05	2012	<u></u>			
3. FEC IDENTIFICATION NU	JMBER	<u>C</u>			
4. IS THIS STATEMENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have examined th	nis Statement and	to the best of	my knowledge and belief it	is true, correct and comple	te.
Type or Print Name of Treasure	Adriane	Rumme1			
Signature of Treasurer	M	Min	ml	Date 02 / 09	2012
NOTE: Submission of felse, errone	•	-	subject the person signing the SHOULD BE REPORTED WI	·	of 2 U.S.C. §437g.
Office Use Only		•	For further information co Federal Election Commission Toll Free 800-424-9530	n FEC	FORM 1 d 02/2009)

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	OMMITTEE	
Candidate	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	
(d)	(National, State	(Democratic, Republican, etc.) Par
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
		•
	Corporation Corporation w/o Capital Stock	Labor Organization
		-
	Membership Organization Trade Association	Labor Organization
(f)		Cooperative
(f)	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	Cooperative
(f) []	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se	Cooperative
(f) []	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative
	Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative
	Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	Cooperative
Joint Fund	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.) draising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	Cooperative gregated fund or pa
Joint Fund (g) X	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	Cooperative gregated fund or pa
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Joint Fund (g) X (h) Com	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	gregated fund or particular or more political
Joint Fund (9) X (h) Com	Membership Organization	cooperative gregated fund or particular or more political cooperative gregated fund or particular or more political gregated greg

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Vrite or Type Committee Name	
None of Any Connected of	
Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
lone	<u> </u>
Mailing Address	
·	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Juliont Fundraising Representative Leadership PAC Sponso
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in possession of committe
books and records.	ntify by name, address (phone number optional) and position of the person in possession of committe ne Rummel
books and records. Full Name Adrian	ne Rummel, , , , , , , , , , , , , , , , , , ,
books and records. Full Name Adrian	ne Rummel, , , , , , , , , , , , , , , , , , ,
books and records. Full Name Adrian	ne Rummel
books and records. Full Name Adrian Mailing Address	Nashingtan City State zip Code
books and records. Full Name Adrian Mailing Address Title or Position	Telephone number optional) of the treasurer of the committee; and the name and address of
books and records. Full Name Adrian Mailing Address Title or Position Treasurer: List the name an any designated agent (e.g., and the state of t	Telephone number optional) of the treasurer of the committee; and the name and address of
books and records. Full Name Adrian Mailing Address Title or Position Treasurer: List the name an any designated agent (e.g., and the state of t	Telephone number 202 - 2447 - 2447 and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Adrian Mailing Address Title or Position Treasurer: List the name an any designated agent (e.g., full Name of Treasurer Adrian	Telephone number 202 - 2447 ad address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Adrian Mailing Address Title or Position Treasurer: List the name an any designated agent (e.g., full Name of Treasurer Adrian	Telephone number 202 - 2447 ad address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).

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9.

Full Name of Designated Agent	Dan Geldon	
Mailing Address	PO Box 960405	
	Boston	MA 02196 - STATE ZIP CODE
Title or Position	<u>Trie alsureriiiiiiii</u> Telephone	e number
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the compxes or maintains funds. Depository, etc.	mmittee deposits funds, holds accounts, rents
		<u> </u>
Mailing Address		
	CITY	STATE ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	СПУ	STATE ZIP CODE

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Full Name of Designated Agent	Clare Kelly, , , , , , , , , , , , , , , , , , ,		
Mailing Address	77 Suhmmeir ISti. I I I I I I I I I I I I I I I I I I I		
	40th,Floon	 	1.
	Boston CITY	MA STATE	02110 ZIP CODE
Title or Position			
Assistant	Trieasureri IIIIIII Telephone numb	er L	
Banks or Other I	Depositorles: List all banks or other depositories in which the committee	e deposits t	unds, holds accounts, rents
calcity deposit box	tes or maintains funds.		
Name of Bank, Do			•
		<u> </u>	
Name of Bank, De			
Name of Bank, De			
Name of Bank, De	epository, etc.	STATE	ZIP CODE
Name of Bank, De	epository, etc.	STATE	ZIP CODE
Name of Bank, Do	epository, etc.	STATE	ZIP CODE

CITY

ZIP CODE

STATE

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Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	
Date of Receipt Received from House Records & Registration Office	
Received from Senate Public Records Office	Date of Receipt 2/17/12
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
July	2/17/12
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