PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Angus McQuilken Committee 50 Kinsman Circle ADDRESS (number and street) (Check if address is changed) Topsfield 01983 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS agmcquilken@gmail.com (Check if address is changed) Optional Second E-Mail Address stephenmcknight@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.angusforcongress.com (Check if address is changed) DATE 2019 C00724658 FEC IDENTIFICATION NUMBER 3. X 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. McKnight, Stephen, , , Type or Print Name of Treasurer McKnight, Stephen, , , [Electronically Filed] 10 26 2019 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
	rdidate	Committee: This committee is a principal campaign committee (Complete the candidate information below)				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
Nam Can	ne of didate	McQuilken, Angus, , ,	<u> </u>			
	didate	Office On DEM Sought: X House Senate President	State			
Party	y Affiliati	on DEM Sought: X House Senate President	District 06			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam						
Can	didate					
Par	ty Con	nmittee: (National, State	Democratic,			
(d)			Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the confide	nected 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)						
(1)	ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part 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.)				
Join	nt Fund	Iraising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political			
(b)	_	committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Committees Participating in Joint Fundraiser					
	1.					
	2.	FEC ID fluiliber				
	3.	FEC ID number				
	4.					

FFC Form 1 (R	Revised 02/2009)	Page 3
Write or Type Committee		. ago o
Angus McQ	Quilken Committee	
_	nected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
	<u> </u>	<u> </u>
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
. Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the po	erson in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
Treasurer: List the nany designated agent	name and address (phone number optional) of the treasurer of the committee; at (e.g., assistant treasurer).	and the name and address of
Full Name Mo	cKnight, Stephen, , ,	
Mailing Address	100 Rosemary Way	
	Unit 336	
	Needham	02492
Title or Position , Treasurer	CITY STATE	ZIP CODE 781 449 5371
	Telephone number	

FEC Forr	n 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	<u></u>	<u> </u>				
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position						
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	133 Chapel Street					
	Needham MA 02492					
	CITY STATE	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address						
	CITY STATE	ZIP CODE				