## STATEMENT OF **ORGANIZATION**

RECEIVED -

2012 JAN 17 AM 11: 26

. 011111			FE	Office Use Only ENTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Producting naturally accounts
Sheldon for Cor	gress	1 1 1 1 1 1 1 1 1	<u>i              </u>	
ADDRESS (number and street)	1677 State Ro	pad	1 1 1 1 1	
(Check if address is changed)	Plymouth		MA Q	2360 5134
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE				
(Check if address	cds525@gma	ail₁com, , , , , , ,		
is changed)				
COMMITTEE'S WEB PAGE AD				
(Check if address	www.ElectSh	eldon.com		
is changed)			1 1 1 1 1	
2. DATE 01 4	2012			
3. FEC IDENTIFICATION N	IUMBER C	Samuel and a samuel and samuel an		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	•	
I certify that I have examined t	his Statement and to the bes	t of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	Patricia Toye	9		
Signature of Treasurer	parts T	an	Date 01"	04° 2012
NOTE: Submission of false, error	•	may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
. TYI	PE OF C	OMMITTEE	
Ca	ndidate	e Committae:	
(a)	$\times$	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.)	lete the candidate
	me of ndidate	Christopher Sheldon	
	ndidato ty Affiliati	on REP Office Sought: House Senate President	State MA  District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of ndidate		1 1 1 1 1 1
Pa	rty Con	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Po	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
		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 seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joi	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	FEC Form 1	1 (Revised 0	2/2009)		=.						Pag	e 3
٧	Vrite or Type Comm	mittee Name										
5	Sheldon fo	or Con	gress									
6.	Name of Any Co	onnected O	rganization, A	ffiliated Comn	nittee, Join	t Fundra	ising Rep	resentat	ive, or l	_eadership	PAC	3ponsor
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	Mailing Address							Ш				
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				CITY	,			STAT	= ====================================	ZI	P COD	E
	Balatianshin:	المسمون	d Organization	Affiliated Co	mmittaa [	Tloint E	undraising	n Donroe	entativo		rehin E	AC Sponsor
	Relationship:		Organization	Ailillated Co	minimee [		unuraisini	y nepies	entative	Leade	a dine i	AC Sporisor
7.	Custodian of Rebooks and record		itify by name, a	ddress (phone	number	optional)	and posi	tion of th	e perso	n in posse	ssion o	of committee
	Full Name	Treas	urer				<u> </u>	<u> </u>	<u> </u>		1 1	<u> </u>
	Mailing Address			1 1 1 1 1 1			<u> </u>	<u> </u>	لللا	<u> </u>		<u> </u>
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	Title or Position			CITY	•			STATE		. <b>Z</b> I	P COD	Ε
						Tele	phone nu	mber	لب		Ш-	
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8.	Treasurer: List the any designated a				optional) of	the treas	urer of the	e commi	ttee; and	the name	and a	ddress of
	Full Name of Treasurer	Patric	ia Toye	1 1 1 1 1						111		
	Mailing Address		14 Fiske	Lane ,	1 1 1	<u>                                     </u>	1 1 1	<u>i I I</u>	1 1 1	1 1 1		
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	Title or Position				. 1				<sub> </sub> 508,	_ 545		10659
	1 3434141				لـا	Tele	phone nui	mber	للكت			<u> </u>

	II I (Nevisei	1 02/2009)		<del></del>								Page 4	
Full Name of Designated Agent	Dayid	Şheldon ,										<u>i</u> l L	
Mailing Address		65 Cross S	treet			<u> </u>			1_1				
			1111						1_1	لـلــــــــــــــــــــــــــــــــــــ			لــــــــــــــــــــــــــــــــــــــ
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Title or Position Assistant T	reasure				Те	lephone	e num	nber	<sub>[</sub> 978	ا-لــــا	6 <b>87</b> ,	J-[80·	43
Banks or Other safety deposit be		es: List all banks tains funds.	or other dep	ositories	in which	the col	minico	ee aepo	osits ti	unas, no	olus acc	counts, re	nts
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(3/2005)

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