FEC MAIL CENTER

2009 NOV 25 AM 11: 51

## FEC

## **STATEMENT OF**

ſ	FORM 1	OF	KGANIZA	110	N	ľ			
_			(See instruction	s)			Office use o	only	
1.	NAME OF COMMITTEE (in	iuli) [] is	Check if name changed)	Exan	nple: If typying, type the lines	12FE4N	/15 		
L	Sam Caligiuri	for Congress		1.1				1111	
Ш	ببيين	111111							سلل
ADI	PRESS (number and s	treet) PO Bo	x 11252						
<u> </u>	(Check if address is changed)	Watert	oury			<b>GT</b>		703     ,	
	!	l <b></b>	!!!!	CITY_	III————.I I	STATE	7		<u>  </u>
~~	: Maitteeo e mai	L ADDRESS (Please p			mee)	SINIE		IF CODE A	•
 	•	hillkol	o <b>@snet.net</b>	man addi	(555)				
	(Check if address is changed)	<u> </u>	<u> </u>						
	! !								
СО	; MMITTEE'S WEB I	PAGE ADDRESS (URL	.)						
	(Check if address is changed)	لللل ا				111		بسب	
اللحد	i is Gialiged)	لللا	11111	سلس	<u> </u>		<u> </u>		
2.	DATE M M	/ DD / Y	Ŷ Ŷ Ŷ Ŷ						
3.	FEC IDENTIFICA	TION NUMBER				<u> </u>			
4.	IS THIS STATEM	ENT X NEW (	N) OR		AMENDED (A)				
l ce	rtify that I have exami	ned this Statement and to	the best of my know	vledge and	d belief it is true, correct ar	nd complete			
Tve	e or Print Name of	Troppurer Wi	lliam M. Kolo						
'yr		rieasuici							
Sig	nature of Treasurer		by William M.  LL: M. K			Date []	25	ŶĴŹĊ	09
NO		•	•	-	e person signing this State	•		i.C. §437g.	
	Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			FORM (12/2009)	1

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	ł	FEC F	orm 1 (Revised 02/2009)						Page 2	
5.	TYPE	OF CC	MMITTEE (Check One)			_,				
•	•	Candidate Committee:								
	(a)	X	This committee is a prin	ncipal campaign c	ommittee. (Con	plete the candidat	te information	below.)		
	(b)		This committee is an arinformation below.)	uthorized committe	ee, and is NOT	a principal campai	gn committee	. (Complete t	he candidate	
	: Name Cand		Sam Caligiuri	<u> </u>	<u>:  </u>			<u>-                                    </u>	<del>                                     </del>	
	Cand Party	idate Affiliati	on <b>REP</b>	Office Sought:	X House	Senate	- [] P	resident	State District	CT 05
•	(c)		This committee support	s/opposes only or	ne candidate, ar	nd is NOT an autho	orized committ	ee.		
	Name				I			<u> </u>	<u> </u>	
	Party	Comm	ittee:							
	(d)		This committee is a		(National, State (or subordinal)	ate te) committee of t	ne [		Democratic, Republican, etc.	.) Party.
_	Political Action Committee (PAC):									
	(e)		This committee is a sep	arate segregated	fund. (Identify c	onnected organiza	ition on line 6.	) Its connecte	ed organization	n is a:
	1	<u>'</u> 5	Corporation		Corporal	ion w/o Capital St	ock	Labo	r Organizatior	1
	!		Membership Organ	ization	Trade A	ssociation		Coo	perative	
	/6	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 co	mmittee is a Lead	ership PAC. (Ide	entify sponsor on I	ine 6.)			
	Joint Fundraising Representative:									
	(g)	1 7 12	This committee collects of committees/organization						r more politica	i
	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.									
	:	Com	mittees Participating in Jo	nt Fundraiser						
			1.		11111	∐ FEC ID nu	ımber C	,	<del></del>	: <u> </u>
	!		2.			FEC ID no	ımber C			,
	! ! !		3.			FEC ID no	ımber C			
			4.		1 1 1 1 1	FEC ID nu	ımber C			

	FEC Form 1 (Revised 0	2/2009)			Page3
W	rite or Type Committee Name				
	Sam Caligiuri for Cong	ress			
 3.	Name of Any Connected Or	ganization, Affiliated Committee	, Joint Fundralsing Rep	resentative, or Lead	ership PAC Sponsor
!	NONE	<u> </u>	<u>.                                  </u>	<u> </u>	<u> </u>
		<u>.!                                    </u>	<u> </u>	<u>                                     </u>	<u> </u>
	i , Mailing Address		<u> </u>	<u>!</u>	
	! ! !		_ <u>_il</u>		
	!	<u> </u>	<u>::</u>		
		CITY		STATE A	ZIP CODE
	Relationship:  Connected Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
	Full Name William Mailing Address	PO Box 11252			
		Waterbury		СТ	06703
	Title or Position ▼  Treasurer	CITY A	Telephone	STATE A	ZIP CODE 1 - 218 - 2840
8.	name and address of any	and address (phone number -  designated agent (e.g., assis		urer of the committ	ee; and the
	Full Name of Treasurer William	n M. Kolo			
:	Mailing Address	PO Box 11252		<del></del>	
		Waterbury		СТ	06703
   	Title or Position ¥	CITY A	<b>.</b>	STATE	ZIP CODE A
1	Treasurer		Talaah	number 203	_ ZL8 _ 284 <i>0</i>
l ,			_ Telephone	number	

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Full Name of Designated Agent	Keith Davis		
Mailing Address	228 S. Washington St., Ste. 11	5	
	Alexandria		22314 –
itle or Position ♥	CITY A	STATE A	ZIP CODE A
Assista	nt Treasurer Tel	ephone number 703	
safety deposit boxes or m	aintains funds.	e committee deposits idinas,	
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depositor TD	Banknorth  900 Queen Street		
safety deposit boxes or m Name of Bank, Depositor	aintains funds.  y, etc.  Banknorth  900 Queen Street	STATE 4	06489 - , , , , , , , , , , , , , , , , , ,
safety deposit boxes or m Name of Bank, Depositor	Banknorth  900 Queen Street  Southington  CITY Δ		
safety deposit boxes or m Name of Bank, Depositor  TD  Mailing Address	Banknorth  900 Queen Street  Southington  CITY A  y, etc.		06489 - , , , , , , , , , , , , , , , , , ,
safety deposit boxes or m Name of Bank, Depositor  TD  Mailing Address	Banknorth  900 Queen Street  Southington  CITY   y, etc.	CT   CT	06489 - , , , , , , , , , , , , , , , , , ,
safety deposit boxes or m Name of Bank, Depositor  TD  Mailing Address  Name of Bank, Depositor	Banknorth  900 Queen Street  Southington  CITY   y, etc.	CT   STATE ▲	06489 - , , , , , , , , , , , , , , , , , ,
safety deposit boxes or m Name of Bank, Depositor  TD  Mailing Address  Name of Bank, Depositor	anintains funds.  y, etc.  Banknorth  900 Queen Street  Southington  CITY   y, etc.	STATE 4	06489 - , , , , , , , , , , , , , , , , , ,

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No Postmark		
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	Next Busir	ness Day Delivery
Received from House Records & Registr	ration Office	Date of Receipt
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Received from Electronic Filing Office		Date of Receipt
Other (Specify):	Date o	f Receipt or Postmarked
R		11/25/09
PREPARER (3/2005)	<u>.</u>	DATE PREPARED