FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

						Office Use Only
NAME OF COMMITTEE (in fu	II)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5	
Joe Bentivegna For Congress						
	1 1 1 1 1	1 1 1 1 1				
ADDRESS (number and	street) PC	Box 3	2111	6		
(Check if addr is changed)	Fai	field			CT 06	825
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Pleas	e provide only one	e e-mail ad	dress)		
(Check if ad	draga		, <u> </u>			
is changed)	uress	· :	<u> </u>		. 4. <u>1. 1. 1. 41</u> . 1. 1	
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COMMITTEE'S WEB PA	AGE ADDRESS (I	JRL)				
(Check if add is changed)	dress	 			 	
						
2. DATE 01 ^M	′ 15° ′ 2	014				
3. FEC IDENTIFICAT	FION NUMBER	C	_///		Applied f	-or
4. IS THIS STATEME	NT NEV	V (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 Philip F. Peterson						
N						
Signature of Treasurer Date 01 / 15 / 2014						
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 Use				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1

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	COMMITTEE	-			
Candida	te Committae:				
(a) ×	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) ·	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate	Joe Bentivegna				
Candidate Party Affilia	ation REP Office Sought: House Senate President	State CT District 04			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate		! !			
Party Co	ommittee:				
(d)		Democratic, epublican, etc.) Party.			
Political	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	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.)				
Joint Fundraising 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			
Co	mrnittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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FEC Form 1 (Revised Write or Type Committee Name		Page 3				
Joe Bentivegna For Congress						
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor				
		_ 				
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor						
7. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee				
Full Name Josep	h F. Bentivegna	111111				
 -	PO Box 321116					
Mailing Address						
	Fairfield 1068	25				
		<u></u>				
Title or Position	CITY STATE	ZIP CODE				
Candidate	Telephone number 860] - [721,[8800 _				
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of				
Full Name of Treasurer	p.F.Peterson					
Mailing Address	P.O Box 321116					
	Fairfield CT 068	25				
Title or Position Treasurer		721, j_[880p				

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
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safety deposit be Name of Bank, I Mailing Address	pes or maintains funds. Depository, etc. People's United Bank 80 Town Line Road Rocky Hill	06067, ,
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

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Joe Bentivegna For Congress

Pobox 321116 Raichield, CT 06825 Federal Blection Commission 1999 F Street, NW

Washington, DC 20463

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Date of Receipt or Postmarked Other (Specify): (8/2013)