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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		VRGANIZA (See instruction		N									
		·	15)						Offic	ce use onl	у		
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type	-	12FE	4M5	-				
Simmons For	r Congress										ш		
						ш	لـلــ		ш	ш			لـــــا
ADDRESS (number and	d street)	Box 268 Drawer	271 								ш		
(Check if add	dress		ш						ш	1 1	Ш		Ш
is changed)	Stor	nington	ш	ш	ш	L	СТ		Ш	0637	'8		
COMMITTEE'S E-MA	AIL ADDRESS		CITY			S	ΓΑΤΕ	•		ZIF	CODE	•	
Simmons2K@	aol.com					1 1	1 1			1 1		1	. 1
1													
COMMITTEE'S WEE	R PAGE ADDRESS (I	IRI)						<u> </u>					
	rCongress.com			1111	1 1 1	1 1	1 1	L I	1 1	1 1		1	
			 	1 1 1 1	1 1 1	1 1	1		1 1	1 1		ı	
COMMITTEE'S FAX 860-536-4677	M / D D / 1												
1.0	0 07	2006											
3. FEC IDENTIFIC	ATION NUMBER		C Coo	343921									
4. IS THIS STATE	MENT X NEV	V (N) OR		AMEN	DED (A)								
I certify that I have exam	nined this Statement and	d to the best of my know	vledge an	d belief it is tr	ue, correct	t and c	omplet	e					
Type or Print Name o	f Treasurer	Anne Simeone											
Signature of Treasure	er Electronically File	ed by Anne Sime	one			Da	te	^M 1 0	M /	D 0 7	/ Y	ý 2 (0 6
NOTE: Submission of f		mplete information may								of 2 U.S.(C. S437	g.	
Office Use Only				For further Federal Elec Toll Free 80	tion Comm 0-424-953	nission			l	FEC (Revise	FOR ed 02/20		

FECForm 1 (Revised 02/2003)

5.	TYPE OF CO	MMITTEE (Check One)						
	(a) X	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. (Complete the candidate information below.)						
	Name of Candidate	Rob Simmons						
	Candidate Party Affiliatio	REP Office Sought: X House Senate President District 2						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	(d)	This committee is a (National, State (Democratic, Republican,etc.) Party.						
	(e)	This committee is a separate segregated fund						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.						
6.	Name of Any	Connected Organization or Affiliated Committee						
ı	Physicians	to Retain OUr Majority						
<u> </u>								
L								
	Mailing Addre	228 S. Washington Street						
		Suite 115						
		AlexandriaVA						
		CITY STATE ZIP CODE A						
	Relationship Jnt Fundraising Ctte							
	Type of Conn	ected Organization:						
	Corp	oration Corporation w/o Capital Stock Labor Organization						
		nbership Organization Trade Association Cooperative						

Page 2

FEC Form 1 (Revised 02/2003)			Page 3
rite or Type Committee Name			
Simmons For Congress			
Custodian of Records: Identify by possession of Committee books	y name, address, (phone number and records.	optional), and position of th	he person in
Full Name Susan M. Bes	ssette		
Mailing Address	P.O. Box 268		
	Drawer 271		
	Stonington	СТ	06378
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
		elephone number	
Treasurer: List the name and ad	ddress (phone number optional) of	the treasurer of the comm	ittee; and the
name and address of any design	nated agent (e.g., assistant treasurer)).	
name and address of any design).	
name and address of any design			
rame and address of any design Full Name of Treasurer Anne Simeon	ne		
rame and address of any design Full Name of Treasurer Anne Simeon	ne P.O. Box 268		06378
rame and address of any design Full Name of Treasurer Anne Simeon	P.O. Box 268 Drawer 271		06378 ZIP CODE ▲
rame and address of any design Full Name of Treasurer Mailing Address	P.O. Box 268 Drawer 271 Stonington CITY A		
Full Name of Treasurer Title or Position Full Name of Designated	P.O. Box 268 Drawer 271 Stonington CITY A	CT	
name and address of any design Full Name of Treasurer Anne Simeon Mailing Address Title or Position ▼	P.O. Box 268 Drawer 271 Stonington CITY A	CT	
rame and address of any design Full Name of Treasurer Mailing Address Title or Position Treasurer Full Name of Designated Agent	P.O. Box 268 Drawer 271 Stonington CITY A	CT	

	FEC Form 1 (Re	evised 02/2003)	Page 4
9.	Banks or Other Depo safety deposit boxes or	•	rents
	Name of Bank, Deposi	itory, etc.	
		BB&T	
	Mailing Address	1909 K Street NW	
		Washington DC 20006	<u> </u>
		CITY △ STATE △ ZIP C	ODE A

FEC Form 1 (Revised 1/2	001)		Page 5 / 10
Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	List all banks or other depositories in which the committee of funds.	deposits funds	, holds accounts, rents
Mailing Address	1909 K Street NW Washington CITY △	DC STATE 4	20006
Name of Any Connected Org	anization or Affiliated Committee		[ADDITIONAL]
Connecticut Victory 2006			
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA	22314
	CITY	STATE	ZIP CODE

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Jnt Fund Ctte

Relationship

Х

Type of Connected Organization:

Membership Organization

Corporation

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY A	STATE	ZIP CODE A
		elephone number	

Х

Membership Organization

FEC Form 1 (Revised 1/2001)	Page 7 / 10
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1 EOTOTTI 1 (Hevised 17	2001)	1 age 17 10
Banks or Other Depositories: safety deposit boxes or maintain	ns funds.	deposits funds, holds accounts, rents
Name of Bank, Depository, etc.		[
Wacho	via Bank 7901 Wisconsin Avenue	
	Bethesda	MD 20814 _
	CITY △	STATE △ ZIP CODE △
Name of Any Connected Org	ganization or Affiliated Committee	[ADDITIONAL]
Majavity 0000		[7.556.0.2]
Majority 2006		
Mailing Address	P.O. Box 40427	
	Washington	DC 20016
	CITY▲	STATE ▲ ZIP CODE ▲
Relationship Jnt Fur		
Relationship Jnt Fur	nd Ctte	

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY A		
		elephone number	

FEC Form 1 (Revised 1	/2001)		Page 9 / 10
Banks or Other Depositories safety deposit boxes or maintal Name of Bank, Depository, etc	ns funds.	deposits funds	, holds accounts, rents
Mailing Address	1909 K Street NW Washington CITY △	DC STATE △	20006 _ _ ZIP CODE
Name of Any Connected Or	ganization or Affiliated Committee		[ADDITIONAL]
2006 Joint Candidate Co	mmittee		
Mailing Address	228 S Washington Street		
	Suite 115		
	Alexandria	VA	22314
	CITY	STATE A	ZIP CODE 🛦

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Jnt Fund Ctte

Relationship

Х

Type of Connected Organization:

Membership Organization

Corporation

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY &		
	Tel	lephone number	