RECEIVED

2012 NOV -5 AM 9: 37

FEC MAIL CENTER

Committee Name:

CONNECTICUT DEMOCRATIC TRUST FUND If registered, FEC ID:

Today's Date:

10/29/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

reasurer's Name:

RICHARD KEVINSTON

, Treasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2012 NOV -5 AM 9:37 EEC MALPHOPEN DER
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
CONNECTICU	T DEMOCRATIC TRUST FUN	
ADDRESS (number and street)	P. O. BOX 8394	
(Check if address is changed)		FL 33482
	СІТҮ	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e-mail address)	ıstFund@yahoo.com
COMMITTEE'S WEB PAGE A	DDRESS (URL)	
(Check if address is changed)		
2. DATE 10 [™] 2	9°´Ž01Ž`	
3. FEC IDENTIFICATION I	NUMBER C	
4. IS THIS STATEMENT)
I certify that I have examined	this Statement and to the best of my knowledge and bel	ef it is true, correct and complete.
Type or Print Name of Treasu	RICHARD KEVINSTON	
Signature of Treasurer	Kuff	_{Date} "10 [™] ′ 29 [∞] ′ 20 [°] 12 [°]
NOTE: Submission of false, erro	neous, or instimplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office	For further informati	

.

FEC Form 1 (Revised 02/2009)

•

5.	TYPE	OF C	OMMITTEE
	Can	didate	Committee:
	(a)		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 Candi	-	L <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Candi Party	idate Affiliati	on Office Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		[]]]]]]]]]]]]]]]]]]]
	Part	v Con	nmittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	FUIL		
	(0)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)	\mathbf{X}	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 committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least bhe of which is an autherized committee of a federal candidate.
	(h)		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 Joint Fundraiser
		1.	
		2.	
		۷.	
		3.	FEC ID number
		4.	FEC ID number

.

.

Page 3

Write or Type Committee Name

CONNECTICUT DEMOCRATIC TRUST FUND

. Name of Any Connected (Org	ania	zati	on,	, A	ffili	ate	be	Ċa	mr	niti	tēe,	JO	int	Fù	ndî	ais	ing	Re	pro	886	ent	ativ	/ê,	or	Le	280	der	rsh	ip	PA	C	Sp	ion:	sor	•	
		1								1		1								-																	
					L																																
Mailing Address	L																											⊥			L'	L					
	L		1																																		·
	L	1					1	1			1		1			1		1			L					L	1				L]-	L	┶	1	L	
									С	ITY	,										S	TA	TE						;	ZIF	, c	00	DE				
Relationship: Connecte	id O	rga	nize	atio	n		Aff	ilia	tec	I Co	omi	mitt	90	Γ	խ	oint	Fui	ndra	aisi	ng	Re	pre	IS 81	nta	tiv	e]ŀ	ea	der	sh	ip I	PA	cs	Бро	nso	r
7. Custodian of Records: Iden books and records.	ntify	by	'na	me	, a	ddi	res	s (pho	one	nı	umb	er	0	pti	ona	l) a	nd	po	sitic	 0n	of	the	pe	ərs	on	in	. p	058	 30S	sic	 n (of (cor	nmi	ittee	Э
	ЛГ	סר	\ I	/ [=\	/11	. 14	0-	т/	`																											

Full Name	RICHARD KEVINSION		
Mailing Address	P. O. BOX 8394		
	DELRAY BEACH		33482
Title or Position	CITY	STATE	ZIP CODE
GOVERNM	IENT RELATIONS DIRECTOR	phone number 561	

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	ARD KEVINSTON	<u> </u>	
Mailing Address	P. O. BOX 8394		
			33482
	CITY	STATE	ZIP CODE
Title or Position		Telephone number 5	61,[945,[2234]

FEC Form 1 (Revised 02/2009)

I

Full Name of			
Designated Agent		━┠╸┛╶┠╴┠╴┟╸┥	
Mailing Address		<u></u>	_ I _ I _ I _ I _ I _ I _ I _ I _ I
	спу		
Title or Position			
	Telephon	e number	[[
= 			
Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the coss or maintains funds.	mmittee deposits	funds, holds accounts, rents
Name of Bank, Dep			
-			
E	BB&T BANK		┶╶╁┈┽╴╉┈╉╴╋┈╋╌╏╶┟╶╽╴
	3B&T BANK 16473,WEST ATLANTIC AVENUE		
	╶╫╷╾╫╺╼╢╾╶╫╸╺╫╦╌╨╵╍╬╴╌╫╼╌╫┑╴╢┑╴╢╴╺╫┓╴╵╵┉╫╸╶╟╸╺╢╻╶╻╏╴╶╢╴╵╫╍╼╫╍╌┪═╍┧		
	╶╫╷╾╫╺╼╢╾╶╫╸╺╫╦╌╨╵╍╬╴╌╫╼╌╫┑╴╢┑╴╢╴╺╫┓╴╵╵┉╫╸╶╟╸╺╢╻╶╻╏╴╶╢╴╵╫╍╼╫╍╌┪═╍┧		[⊥] · · · · · · · · · · · · · · · · · · ·
E Mailing Address		······································	[33484, _] - [] ZIP CODE
		[EL]	
Mailing Address		[EL]	
Mailing Address		[EL]	
Mailing Address		[EL]	
Mailing Address		[EL]	
Mailing Address		[EL]	

•

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Co	nfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date o Other (Specify):	f Receipt or Postmarked
Am 12	11/5/12
PREPARER (3/2005)	DATE PREPARED

ţ

12030950261