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FEC MAIL CENTER

TERM LIMIT PAC

July 22, 2014

To Whom It May Concern:

This committee intends to make independent expenditures in support of candidates to both the US Senate and House of Representatives who support...

- 1) Enacting a two term limit on both US Senators and Congressmen
- 2) Increasing the length of a term in the US House of Representatives from two years to four years

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,



Nicholas Carlona, President and Treasurer

ALTON PRINT SOLUTION

TO WHOM IT MAY CONCERN
July 31 2014
1

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

TERM LIMIT PAC

ADDRESS (number and street)

17 MAPLEVALE RD

(Check if address
is changed)

EAST HAVEN

CT

6512

1141

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

TERMLIMITPAC@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

07 / 20 / 2014

3. FEC IDENTIFICATION NUMBER

C TO BE ASSIGNED

4. IS THIS STATEMENT



NEW (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

NICHOLAS CARLONA

Signature of Treasurer

Nicholas Carlona

Date

07 / 20 / 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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) 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) 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 Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized 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.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|--------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> |
| 2. | _____ | FEC ID number | <input type="checkbox"/> |
| 3. | _____ | FEC ID number | <input type="checkbox"/> |
| 4. | _____ | FEC ID number | <input type="checkbox"/> |

1-800-424-9547

Write or Type Committee Name

TERM LIMIT PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name **NICHOLAS EDWARD CARLONA**

Mailing Address **17 MAPLEVALE RD**

EAST HAVEN CT 06512 - 1141

Title or Position CITY STATE ZIP CODE

PRESIDENT / TRESURER Telephone number []-[]-[]

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 **NICHOLAS EDWARD CARLONA**

Mailing Address **17 MAPLEVALE RD**

EAST HAVEN CT 06512 - 1141

Title or Position CITY STATE ZIP CODE

PRESIDENT / TRESURER Telephone number []-[]-[]

11000011000110000

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

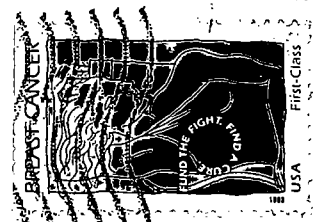
STATE

ZIP CODE

1-800-438-8031

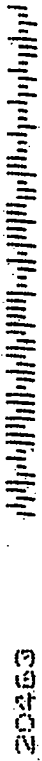
N Carlona
17 Maplevale Road
East Haven, CT 06572

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



HARTFORD CT 061
25 JUL 2014 PM 41

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40001 10001 10001 10001

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/25/14

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business 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

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

7/31/14
DATE PREPARED

11000100010001