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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

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NAME OF COMMITTEE (in	full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE41	M5
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ADDRESS (number a	nd street)	25	1 SOUTH	H MALLY STI	1.1 1 1	
(Check if ac is changed)		W _{le}	st Hart	ford	CT	04197-3657
				CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Pleas	e provide only one e	e-mail address)		
(Obs. 1) *	_ 44	de	ckenfoi	Canigiriessisia	amail	1.Com 11111
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	•					,
COMMITTEE'S WEB	PAGE ADD	RESS (JRL)			
(Check if is change		<u>de</u>	ckerza,	1,2,0,M,,,,,		
2. DATE 0	3 3.6	3 ′ [2	CO 1 2			
3. FEC IDENTIFIC	CATION NUI	MBER	C			
4. IS THIS STATE	MENT U	NEV	V (N) OR	AMENDED (A)		
I certify that I have e	examined this	s Staten	nent and to the bes	t of my knowledge and belief i	t is true, corr	rect and complete.
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Type or Frint Name (oi ileasulei			700-		<u></u>
Signature of Treasure	er <u></u>	14	U//L	X/ml	Date 2	3 / 3,2 / 2,0 / 2
NOTE: Submission of				may subject the person signing		t to the penalties of 2 U.S.C. §437g.
Office Use		•		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	ididate	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate	John Henry Decker	<u> </u>
	didate y Affiliati	Office Sought: House Senate President	State <u>C.T</u>
ran	y Allillati	ion Sought: House Senate President	District 0 1
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Join	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidato.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

Write or Type Committee Name Decker for Congress	nsor
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.	nsor
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.	nsor
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sports. 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commooks and records. Full Name	
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sports Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name	
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7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name	
books and records. Full Name Killey Peck	—— ittee
books and records. Full Name Kulley Peck	ittee
Full Name Kelley Peck Mailing Address Lion Lake Villew Park Wasiti	
Full Name Kill Hay Delake Unew Porth Wasiti	
Mailing Address Lion Lake Ville W Kork West I	1
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(Collum 512 CT GG 237-11	L
Title or Position CITY STATE ZIP CODE	
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Tirela Siwrie 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). 	of
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of Treasurer Kelley Peck	لــــ
Mailing Address VV, Gakeusew Park west	لــــــــــــــــــــــــــــــــــــــ
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CITY STATE ZIP CODE	1
Title ar Position Title (1) Plans William 1969 - 1374 - 1911 Telephone number 1969 - 1374 - 1911 1911	

FEC Form 1 (F	Revised 02/2009)	- 	Page 4
Full Name of Designated Agent		<u> </u>	<u> </u>
Mailing Address		- - - - - - - - - - - - - - - - - - -	
	CITY	STATE	ZIP CODE
Title or Position	<u></u>	elephone number	
safety deposit boxes o Name of Bank, Deposi		h the committee deposits fo	unds, holds accounts, rents
Mailing Address	126 East Hampton		
Mailing Address	10 Bax 188	!	
	Mariliboriolugih	let	1064477-11344
	CITY	STATE	ZIP CODE
		SIAIL	211, OODE
Name of Bank, Depos	itory, etc.	·	211 0001
Name of Bank, Deposi	itory, etc.	1111111	211 3001
Name of Bank, Deposition	itory, etc.	1111111	
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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
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