Image# 12972103405				08/23/2012 13 : 29
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
			С	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Rorab	ack			
1				
ADDRESS (number and street)	320 1st St SE			
(Check if address is changed)	Washington		DC , 20	003
			STATE A	
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	RJENTGENS@NRCC	.ORG		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	23 / Y Y Y Y Y 2012			
3. FEC IDENTIFICATION N	IUMBER ► C c	00524991		
4. IS THIS STATEMENT	K 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	d complete.
Type or Print Name of Treasure	er ROBERT JENTGENS			
Signature of Treasurer	BERT JENTGENS	[Electronically Filed]	Date	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inform	nation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign com information below.)	nmittee. (Complete the candidate
Name of ANDREW RORABACK	
Candidate REP Office Sought: X House Senate	President CT District 05
(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
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 committee. (i.e., nonconnected committee)	a separate segregated 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 p committees/organizations, at least one of which is an authorized committee of a feder	
(h) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, none of which is an authorized committee of a federal can	
Committees Participating in Joint Fundraiser	
1 FEC ID numbe	er C
2 FEC ID numbe	er C
3 FEC ID number	er C
4 FEC ID numbe	er C

Write or Type Committee Name

Friends of Roraback

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

RORABACK FOR CO			
Mailing Address	24 MASON STREET		
	PO BOX 807		
		CT 067	90
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization 🗙 Affiliated Committee 🚺 Joint Fundrais	ing 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.

ROBERT	JENTGENS		
Full Name			
Mailing Address	320 1ST ST SE		
		DC 20003	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	479 7027

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	ROBERT JENTGENS			
of Treasurer				
Mailing Address	320 1ST ST SE			
		DC	20003	
	CITY S	TATE		ZIP CODE
				EII OODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																										
Mailing Address																										
																L			L							
						CI	TΥ									ST/	٩ΤΕ				ZI	P (DE		
Title or Position																										
											Tel	eph	ione	e ni	uml	ber										

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.
------	----	-------	-------------	------

WELLS			
Mailing Address	215 PENNSYLVANIA AVENUE		
			3
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE