STATEMENT OF

RECEIVED 7

FORM 1		ORGANIZA	ATION 		+ AM 8:51
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Orner for C	ongre	;ss			لسسس
ADDRESS (number a	and street)	PO Box 2385			
(Check if an is changed)		Darien		СТ 6820	2385
		•	CITY	STATE 2	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only one e-			
(Check if	address	compliance@	<u>ornerforcongres</u>	s,com	
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COMMITTEE'S WEE	PAGE ADD	oress (URL) H ornerforcongr	Ass cometic		
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3. FEC IDENTIFIC	CATION NU	JMBER CTE	BA (4.44)	to the second second	
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and comp	olete.
Type or Print Name	of Treasurer	C. Elisabeth	Forbes		
Signature of Treasur	er	Compo		Date 10'1	4 2011
		•	may subject the person signing t		ies of 2 U.S.C. §437g.
Office Use Only			For further Information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on FEC	FORM 1 rised 02/2009)

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EC Form	1 ((Revised	02/2009)
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FEC For	rm 1 (Revised 02/2009)	Page 2
TYPE OF CO		
Candidate	Commitiae:	
(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. (Compleinformation below.)	ete the candidate
Name of Candidate		
Candidato Party Affiliatio	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 Com		
(d)	• •	Democratic, epublican, etc.) Pai
Political Ad	ction Committee (PAC):	
Political Ac	ction Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	
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Leadership PAC Sponsor
ZIP CODE
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068 3 0
ZIP CODE
nd the name and address of

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Write or Type Committee Name	θ	
Orner for Congr	ess	·
6. Name of any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
1		111111
Mailing Address		
maning Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	idership PAC Sponsor
·		•
	ntify by name, address (phone number optional) and position of the person in posi-	session of committee
books and records.		
Full Name C. Eli	sabeth Forbes	
Mailing Address	7 Maher Ayenue	
	Greenwich CT 0683	<u>P. J-L </u>
Title or Position	CITY STATE	ZIP CODE
Treasurer		1 1
1,0494,01	Telephone number	
	nd address (phone number optional) of the treasurer of the committee; and the name	me and address of
any designated agent (e.g.,	assistant treasurer).	
Full Name C. Eli of Treasurer	sabeth Forbes	
Mailing Address	7 Maher Aγenue	
	1	
	Greenwich CT 06830	0
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number	

CITY

ZIP CODE

STATE

Federal Election Con ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 6 17 17
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sig	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Jack	10/24/11
PREPARER (3/2005)	DATE PREPARED
(3/2000)	