12030702546

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN -9 AM 10: 32

C-Office Use Only

1. NAME OF COMMITTEE (in full)		Check if name s changed)	Example:If typing, type over the lines.	12FE4M5	C. IDIL OCHIEK
MCDanaldfo	aco	nguessi		<u> - - - - - - </u>	
ADDRESS (number and street)					
(Check if address					
is changed)				با ليا	
		С	ITΥ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please	provide only one e-n	nail address)		
(Check if address	LMi	Rec@ mik	emadonaldifo	RCONGRESS	291210m
(Check if address is changed)	لللا	11111		.	لبسسس
COMMITTEE'S WEB PAGE ADI	DRESS (U	RL)			
	mik	: remadoni	all dfor Cong	Dess Do	2.00m
(Check if address is changed)	ســــــــــــــــــــــــــــــــــــــ	<u> </u>		<u> </u>	
2. DATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8 2				
3. FEC IDENTIFICATION N	JMBER	C			
4. IS THIS STATEMENT V	NEW	(N) OR	AMENDED (A)		
I certify that I have examined the	nis Statem	ent and to the best o	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	, <u>14</u>	erman	Woodney	Je	
Signature of Treasurer			Dary	Date 12	28 2011
NOTE: Submission of false, errone		•	nay subject the person signing on SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

5.

	COMMITTEE te Committee:					
(a) L	This committee is a pri	incipal campaign co	ommittee. (Complet	te the candidate inf	ormation belov	v.)
(b)	This committee is an a information below.)	uthorized committe	e, and is NOT a p	rincipal campaign o	committee. (Co	mplete the candidate
Name of Candidate	Micha	el W	mec	DUNGIA	<u> </u>	
Candidate Party Affil	ation Rep	Office Sought:	House	Senate	President	State CT District 01
(c) .	This committee suppor	ts/opposes only one	e candidate, and i	s NOT an authorize	d committee.	
Name of Candidate						
Party C	ommittee:					
(d)	This committee is a	•	National, State r subordinate) con	nmittee of the		(Democratic, Republican, etc.) Party.
Political	Action Committee (P	AC):				
(e)	This committee is a se	parate segregated	fund. (Identify conr	nected organization	on line 6.) Its c	onnected organization is a:
	Corporation		Corporati	on w/o Capital Stoo	.	Labor Organization
	Membership C	rganization	Trade As	sociation		Cooperative
	lu acidit	len, this committee i	s a Lobbyist/Regis	trant PAC.		
(f)	This committee suppor		nan one Federal ca	andidate, and is NC	T a separate	segregated fund or party
	In addition, this	committee is a Lobi	oyist/Registrant PA	C.		
	In addition, this	committee is a Lead	dership PAC. (Iden	tify sponsor on line 6	3.)	
Joint Fu	ndraising Representa	tive:				
(g)	This committee collects committees/organization					
(h)	This committee collects committees/organization					two or more political
Ce	ommittees Participating i	n Joint Fundraise	er			
1.				FEC ID nur	nber C	
2.				FEC ID nun	nber C	
3.				FEC ID nur	nber C	

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	Write or Type Committee Na	ame	
6.	Name of Any Connected	d Organization, Affillated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ı			
_ 			
	Mailing Address		
	Mailing Address		
			<u> </u>
		CITY STATE ZIF	· CODE
		en e	CODE
	Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponso
7.	Custodian of Records: le books and records.	Identify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Full Name	aman Waadard Jr.	
			<u> </u>
	Mailing Address	1.8 maralman Rd	<u> </u>
	Mailing Address	18 meralmen Rd	
	Mailing Address	WINDSOR ET DIGOS	
	Mailing Address Title or Position	WINDSOR LITE DIGIOS	
	Title or Position	CITY STATE ZIF	<u></u>
		CITY STATE ZIF	<u></u>
8.	Title or Position	CITY STATE ZIF	CODE
8.	Title or Position Treasurer: List the name any designated agent (e.g.	CITY STATE ZIF	CODE and address of
8.	Title or Position Treasurer: List the name any designated agent (e.g.	CITY STATE ZIF and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	CODE and address of
8.	Title or Position Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	CITY STATE ZIF and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	CODE and address of
8.	Title or Position Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	CITY STATE ZIF and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	CODE and address of
8.	Title or Position Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	CITY STATE ZIF and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer). MAN WOLGARY TR B. MERRIMMAN ROAG WINGSAN CITY STATE ZIF Telephone number DIGORG WINGSAN CITY OGORG	CODE and address of

CITY

ZIP CODE

STATE

(C)

203070254

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Fed 6x Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify):

(3/2005)