## 14031201578

FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1			~!Y!&/~	1101		, L	EC MAUL GENTER
1. NAME OF COMMITTEE (in	n full)	(Check if is change		Example over the	:If typing, type lines.	12FE4N	rance True and 1
Lori For C	ongre	ss 2014		<u> </u>			
	1111		<del></del>	<u> </u>	<del></del>		
ADDRESS (number a	nd street)	943 Oce	ean Av	/enu	<b>e</b>	<del>                                     </del>	
(Check if a is changed		New Lo	ndon	<del></del>		CT	0
			Cr	TY		STATE	ZIP CODE
COMMITTEE'S E-M/ (Check if is change	address	-	-		s) \$\$20,14,0	com ,	
COMMITTEE'S WEE	PAGE ADD		e e e e e e e e e e e e e e e e e e e				
(Check if is change		` <u>www.</u> lo	ritorco	ngre	\$\$201,4 <sub>.</sub> (	çom 	
2. DATE 03	3 2	1 201	Ϋ́				
3. FEC IDENTIFI	CATION NU	MBER	c00	5549	56		
4. IS THIS STATE	MENT	NEW (N)	OR	$\boxtimes$	AMENDED (A)		
I certify that I have	examined th	is Statement and	to the best o	of my knov	vleage ana pelief i	t is true, corr	ect and complete.
Type or Print Name	of Treasurer	Lori Ho	pkins	Cav	anagh		
Signature of Treasur	er C	THE		<del> </del>	<del></del>	Date C	3 / 21 / 2014 /
NOTE: Submission of		•			the persomaigning BE REPORTED V		t to the penalties of 2 U.S.C. §437g.
Office Use				Fed	further information ( eral Election Commiss Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE	
		didate	Committee:  This committee is a principal committee (Complete the condidate information below)	·
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
	Name Candi		Lori Hopkins Cayanagh	
	Candi	idate	Office C	State CT
	Party	Affiliation	on REP Sought: House Senate President	District 02
	(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name			11111
	Candi			
		y Com		emocratic,
	(d)	Ш	This committee is a or subordinate) committee of the Re	publican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)	Ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
			Corporation Corporation w/o Capital Stock	abor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
	loin	Eund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
	(9)		committees/organizations, at least one of which is an authorized committee of a faderal candidate.	·
	(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.	or more political
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.	i <u>militaritaritaritaritaritaritaritaritaritar</u>	en prikur i nik hele. Karigariya (Jeografi
		3.	FEC ID number C	
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Write or Type Committee Nam		, ago o
Lori For Congi		
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
1		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name Lori F	lopķiņs Cavangh	1
Mailing Address	943 Ocean Avenue	
	<u> </u>	
	New London CT 0632	<u>0</u>
Title or Position	CITY STATE	ZIP CODE
<sub>[</sub> Candidate]	Telephone number [860] - [44	49,  - 2007,
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name of Treasurer	Hopkins Cavanagh	
Mailing Address	943 Ocean Avenue	
	New London CT 0632	P - L   I
Title or Position Treasurer	Telephone number 860 [44	

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Full Name of Designated Agent	Hayden David Schwarm	
Mailing Address	44 South Road	<del>                                      </del>
	<u> </u>	<del></del>
	Marlborough city s	CT 06447 STATE ZIP CODE
Title or Position Assistant	Treasurer Telephone numb	1260   1262   10031
	r <b>Depositories:</b> List all banks or other depositories in which the committee oxes or maintains funds.  Depository, etc.  Dime Bank	e deposits funds, holds accounts, rents
Mailing Address	351 North Frontage Rd	
	¡New London	CT    06320, ,  -  , , ,
	CITY	STATE ZIP CODE
Name of Bank,	CITY S	
Name of Bank,		
Name of Bank,  Mailing Addres	Depository, etc.	
,	Depository, etc.	
,	Depository, etc.	

943 OCEAN AVE NEW LONDON OT 06320

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FEC 9099 EAST ST NW WASHNGTON, BC 20463

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