		RECEIVED -					
FEC	STATEMENT OF	2	DIISEP 15 AM 8:45				
FORM 1	ORGANIZATION	FEC MAIL CENTER					
1. NAME OF COMMITTEE (in ful	I) (Check if name Example: If typing, type over the lines.	12FE4M5	and a state of the second s				
Leadership C	Connecticut PAC						
ADDRESS (number and s	(reet) c/o Reynolds & Rowella, LLP 90 Grove Street Suite 101	<u> </u>					
(Check if addre is changed)			<u> </u>				
Committee's E-mail /	ADDRESS (Please provide only one e-mail address)						
	tomr@reynoldsrowella.com	1 1 1 1 1					
is changed)		<u>h i rul i vlovel r</u> men ori i na mi i l i i i i					
inter a tradition		000 - A.	an en Ner sta				
2. DATE 09 <sup>™</sup>	9 2011						
3. FEC IDENTIFICAT							
4. IS THIS STATEME	NT 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 complete.							
Type or Print Name of 1	Thomas F. Reynolds	1	alah na guna ana ana ang ang ang ang ang ang ang a				
Signature of Treasurer	Am A Blan	Date ÖS	<b>)</b> ( 09 <sup>°</sup> / 2011				
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W						
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)				
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1	F	FEC <b>Fo</b> r	m 1 (Revised 02/2009) Page 2				
5.			DMMITTEE				
	Candidate Committee:						
	(a)		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. (Complete the candidate information below.) Name of Candidate						
	Cand Party	lidate Affiliatio	n Office State State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cand						
	Parl	ty Com					
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.				
	Poli	tical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
			Corporation Corporation w/o Capital Stock				
			Membership Organization Trade Association Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
			In addition, thie 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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser						
		1.					
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	FEC Form	1 (Revised 0	2/2009)							F	age 3	
N	rite or Type Com	nittee Name										
L	eadership	o Conn	ecticut PA	AC								
6.	Name of Any C	onnected O	rganization, Affili	ated Commit	tee, Joint I	undrais	ing Repr	esentativ	re, or Lead	dership PA	C Spons	sor
	1											
Ľ	lone					1						
L												
	Mailing Address											
									L		-	
			<u></u>	CITY				STATE		ZIP C	ODE	
	Relationship:	Connected	Organization	Affiliated Com	mittee	Joint Fu	Indraising	Represe	ntative	Leadersh	ip PAC S	Sponsor
		-		I		•			<u> </u>			
7.	Custodian of Re books and record		tify by name, addı	ress (phone n	umber o	otional) a	and positi	ion of the	person ir	n possessio	on of con	nmittee
		Thom	as F. Revni	olde								
	Full Name							<u> </u>				
	Mailing Address							1_1				
			90 Grove	Street S	Suite 1	01					<u>       </u>	<u> </u>
			Ridgefield	1 1 1 1					06	877	J-L	1 1
	Title or Position			CITY				STATE		ZIP C	ODE	
	Treasurer				J	Telep	hone nun	nber [	203	- [438	]-[161	<u> </u>
_	·		•									
8.			d address (phone assistant treasurer)		ional) of th	e treasu	rer of the	committe	ee; and th	e name an	d addres	ss of
	Full Name Thomas F. Reynolds						<u> </u>					
Mailing Address Reynolds & Rowella, LLP						1_1_						
90 Groγe Street Suite 101						1L. 1	1.1					
			Ridgefield					ICTI	106	877	_  ,	1 L
				CITY		i	J		L_L	ZIP C		<u>, i                                    </u>
	Title or Position				ł	Teleo	hone nun	nber	203,  .	_  438 ,	_ 016	<b>i</b> † ,

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FEC Form 1	(Revised 02/2009)		Page 4					
Full Name of Designated Agent			<u> </u>					
Mailing Address								
Title or Position								
	<u>i                    </u> Tel	lephone number	J-L⊥⊥J-L⊥⊥⊥⊥J					
safety deposit boxes Name of Bank, Dep	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.  Fairfield County Bank							
Mailing Address	150 Danbury Road		<u></u>					
	<b>Ridgefie d</b>		06877					
	CITY	STATE	ZIP CODE					
Name of Bank, Dep	ository, etc.							
L								
Mailing Address								

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PREPARER	DATE PREPARED					