

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

C O N I N E R C T I C U M T I B A N K I E R S I A S S I O C I A T I O N P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street) 1 0 W A T E R S I D E D R I V E

(Check if address is changed)

F A R M I N G T O N C T 0 6 0 3 0 2 - CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

p i n k h a m l @ c t b a n k i . c o m

Optional Second E-Mail Address

m o n g e l l o w t @ c t b a n k i . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 1 0 / 0 2 / 2 0 1 2

3. FEC IDENTIFICATION NUMBER C 0 0 1 0 8 6 0 5

4. IS THIS STATEMENT X 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 Treasurer Lindsey R. Pinkham

Signature of Treasurer

[Handwritten Signature]

Date 1 0 / 0 2 / 2 0 1 2

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns: Office Use Only, empty, empty, empty, empty

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

12030910622

5. TYPE OF COMMITTEE

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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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 a:

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 a separate segregated fund or party committee. (i.e., nonconnected committee)

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 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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12030910623

Write or Type Committee Name

CONNECTICUT BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising 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.

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

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 of Treasurer

L I N D S E Y , R . P I N K H A M

Mailing Address

C O N N E C T I C U T B A N K E R S A S S O C I A T I O N
1 0 W A T E R S I D E D R I V E
F A R M I N G T O N C T 0 6 0 3 2

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number

8 1 6 0 - 6 7 1 7 - 5 1 0 6 0

12030910624

Full Name of Designated Agent

THOMAS S. MONGELLOW

Mailing Address

CONNECTICUT BANKERS ASSOCIATION

10 WATERSIDE DRIVE

FARMINGTON CT 06032

CITY

STATE

ZIP CODE

Title or Position

DEPUTY TREASURER

Telephone number 860-677-5060

12030910625

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

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.

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

CFM
PREPARER

10/14/12
DATE PREPARED

12030910626