ĊV 1103058282

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED 2011 MAR 15 AM 9: 16 FEC MAIL CENTER

			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
IS,T,V,D,E,N,T,S,F,V	OR A NEW A	ME, R, 1, C, A, N, P, 0	417,165	
1P,O,L,1,T,1,(A,L,)	1,C,T,1 p, N, C,0,1M	MITTEE		
ADDRESS (number and street)	Po Box 20	6,8,8,6		
(Check if address is changed)	INEW HAVEN		[C,T] [O,6	5,2,0,-6,8,8,6
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	-mail address)		
(Check if address	ANDREW. MA	Y, GR5, D, H, N, QYA	L,E, . , E, D, V,	
is changed)				
COMMITTEE'S WEB PAGE ADI	ORESS (URL)			
(Check if address	MMM. LYWBbb	A.C. 0,26		
is changed)				
2. DATE Ö 🥇 ′ 🖔	۱۱٬۵۶٬۴			
3. FEC IDENTIFICATION N	JMBER C 0	0412122		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	APOREW MAX	ERSOHN		- to
Signature of Treasurer	dh Myh		Date $\delta^{\frac{N}{3}}$	å 7 ′ Ž ď Š Š
NOTE: Submission of false, errene		may subject the person signing t		penalties 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 r	FEC FORM 1 (Revised 02/2009)

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TYPE OF C	OMMITTEE				
Candidate	e Committee:				
(a)	This committee is a principal campaig	gn committee. (Comple	ete the candidate infor	mation 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 Affiliati	Office Sought:	House	Senate	President	State
					District
(c)	This committee supports/opposes only	ly one candidate, and	is NOT an authorized	committee.	
Name of Candidate					
Party Cor	nmittee:				
(d)	This committee is a	(National, State or subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):				
(e)	This committee is a separate segrega	ated fund. (Identify con	nected organization or	n line 6.) Its co	nnected organization is a:
	Corporation	Corpora	tion w/o Capital Stock		Labor Organization
	Membership Organization	Træde As	ssociation		Cooperative
	în additten, this commi	ittee is a Lobbyist/Regi	strant PAC.		
(f) X 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/Registrarit PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundralsing Representative:					
(g)	This committee collects contributions, committees/organizations, at least one				
(h)	This committee collects contributions, pcommittees/organizations, none of whi				wo or more political
Committees Participating in Joint Fundraiser					
			FEC ID numb	per C.	
1.		<u> </u>			
2.			FEC ID numb	per C	
3.			FEC ID numb	per C	
_			I I I EED ID numb	~~ C	

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Write or Type Committee N	ime	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising R	epresentative, or Leadership PAC Sponsor
BIVILILIDIOIGI IDI	EMOCIPIATISI IDIAICI III IIII	
	<u> </u>	
Mailing Address	7141 HILLGH ISTIMEET III	
	MEM HAIVEN	KT 06.5111-
	СІТҮ	STATE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee XJoint Fundrais	sing Representative Leadership PAC Sponso
 Custodian of Records: books and records. 	dentify by name, address (phone number optional) and po	osition of the person in possession of committee
Full Name AN	P.P.E.W. MAYERSOHM	
Mailing Address	204, PARK STREET, #2	
	NEW, HAVEN	1 (Cit) (0,6,5,1,1)-[
Title or Position	CITY	STATE ZIP CODE
TREASURE	C Telephone	number 781 - 801 - 2019
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of g., assistant treasurer).	the committee; and the name and address of
Full Name of Treasurer	arew MayersdHN	
Mailing Address	12014 PANK 57, #2	
	MEN HANGN	STATE ZIP CODE
Title or Position		170111641112

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	<u> </u>
Banks or Other Depositor safety deposit boxes or mai	rles: List all banks or other depositories in vintains funds.	which the committee deposits for	unds, holds accounts, rents
Name of Bank, Depository,	etc.		
BA M	K, OF, AMERICA		
Mailing Address	1.5.7 CHURCH, 5.7.	LEGT,	
	[F, 1, 12, 5, 7, 1, F, L, 0, 0, 12, 1		
	NEV HAVEN	LT]	0.6510-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
LGIT	1,2E,N,S, B,A,N,Y,	1111111	
Mailing Address	120,9, CHURGH 15,T	r, e, e, t	
	IN, E, W. HA, V, G, N	444	0,6,5,1,0]-
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he			
Hand Delivered	Date of Receipt		
USPS First Class Mail	Postmarked		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
Delivery Confirmation™ or Signature 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 Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	ceipt or Postmarked		
Im D	3/15/11		
(3/2005)	DATE PREPARED		