

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

10 JAN 14 PM 1:51

Office use only

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

12FE4M5

BLUMENTHAL FOR SENATE

ADDRESS (number and street)

777 SUMMER STREET

(Check if address is changed)

STAMFORD

CT

06901

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

mcacace@lawcts.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.richardblumenthal.com

2. DATE

MM / DD / YYYY 01 / 08 / 2010

3. FEC IDENTIFICATION NUMBER

C

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

ELLEN CAMHI

Signature of Treasurer

Ellen Camhi

Date

MM / DD / YYYY 01 / 08 / 2010

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

Office Use Only

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

FEC FORM 1 (Revised 02/2009)

10020020875

5. TYPE OF COMMITTEE (Check One)

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 RICHARD BLUMENTHAL

Candidate Party Affiliation DEM Office Sought: House Senate President State CT District

- (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
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - 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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

10020020876

Write or Type Committee Name

BLUMENTHAL FOR SENATE

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

NONE

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

MICHAEL CACACE

Mailing Address

777 SUMMER STREET

STAMFORD

CT

06901

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number

203

327

2000

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

ELLEN CAMHI

Mailing Address

ARNOLD DRIVE

STAMFORD

CT

06905

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

203

322

5956

10020020877

Full Name of Designated Agent **MICHAEL CACACE**

Mailing Address **777 SUMMER STREET**

STAMFORD

CT

06901 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number **203 - 327 - 2000**

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.

HUDSON VALLEY BANK

Mailing Address

1055 SUMMER STREET

STAMFORD

CT

06905 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

10020020878

00 051

FedEx® **USA**

Express

3836
01.12

8663 0696 3836

866306963836

RECIPIENT: PEEL HERE

1 From This portion can be remail
Date 1/11/10

Sender's Name Michael J. Cacace Phone 202 327-2900

Company CACACE TUSCH & SANDOZ
Address 777 SUMMER ST
City STAMFORD State CT ZIP 06901-1022

2 Your Internal Billing Reference Blumenthal for Senate

3 To Recipient's Secretary of the State Phone 202 224-3121

Company
Recipient's 232 Hart Senate Office Building
Address Washington DC ZIP 20510-7115
City State DC ZIP 20510-7115



8663 0696 3836

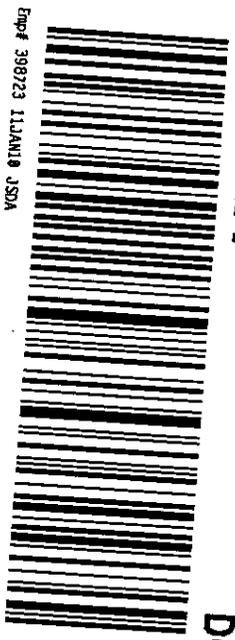
0286300150

0215 0003 0096 3836

PRIORITY OVERNIGHT

ZD YKNA

20510
DC-US
DCA



Emp# 398923 11JAN10 JSDA

0215

4a Express Package Service

FedEx Priority Overnight
Next business morning* Friday
before 8:00 AM. Delivery not available
on Saturdays. Delivery not available
on Sundays.

FedEx 2Day
Second business day* Monday
through Friday. Delivery is scheduled
unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business morning* Friday
before 8:00 AM. Delivery not available
on Saturdays. Delivery not available
on Sundays.

FedEx 1Day Freight
Next business day* Monday
through Friday. Delivery is scheduled
unless SATURDAY Delivery is selected.

Packaging
FedEx Envelope*

Special Handling
SATURDAY
FedEx Standard Overnight
FedEx First Overnight
FedEx 2Day Freight

No
Yes per recipient
Shipper's instruction to shipper in FedEx packaging.

7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages Total Weight

8 Residential Delivery Signature Options
No Signature Required
Signature Required
Indirect Signature



67802002001

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>1/11/10</u>	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

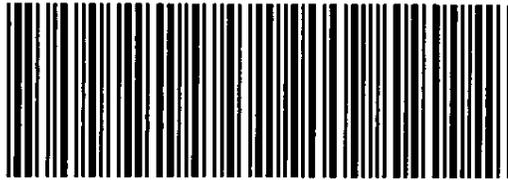
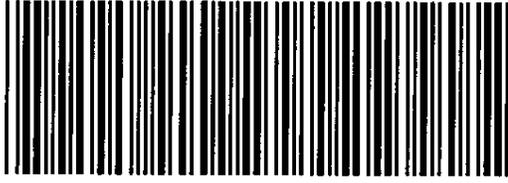
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER PG DATE PREPARED 1/14/10

10020020880



10020020881