FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1					
		(See instruction	าร)		Office use only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typying, tover the lines	ype 12FE4M	5
Friends of Ji	m Maloney, Inc.		<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
ADDRESS (number an	d street)	/ooster Heights			
X (Check if add	dress				
is changed)	Danl	bury		_ CT	06810
COMMITTEE'S E-M.	AIL ADDRESS		CITY▲	STATE▲	ZIP CODE 📥
MLM4211@a	ol.com	11111		111111	
		11111			
COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)			
	111111	11111	1 1 1 1 1 1 1 1	1 1 1 1 1 1	
		11111			
COMMITTEE'S FAX	NUMBER				
با لبنا	سيا لي				
2. DATE M 0	M / D D / Y	2007			
3. FEC IDENTIFIC	ATION NUMBER		C C00327924		
4. IS THIS STATE	MENT X NEV	V (N) OR	AMENDED	D (A)	
I certify that I have example 1	mined this Statement and	d to the best of my kno	wledge and belief it is true, o	correct and complete	
Time or Drint Name o	f Transcriver	Patricia Draper			
Type or Print Name of					
Signature of Treasure	er Electronically File	ed by Patricia D	raper	Date 0	$\begin{bmatrix} 2^{M} \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & T \end{bmatrix}$
NOTE: Submission of			v subject the person signing		_
Office Use Only			For further info Federal Election Toll Free 800-42 Local 202-694-1	4-9530	FEC FORM 1 (Revised 02/2003)

FEOForm 1 (Revised 02/2003)

5.	TYPE OF COMMITTEE (Check One)											
	(a) X	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	James H. Maloney										
	Candidate Party Affiliatio	n DEM		Office Sought:	x	House		Senate		President	State District	CT 05
	(c)	This committee s	upports/d	opposes only	one cand	idate, and	is NOT a	n authori	zed com	mittee.		
	Name of Candidate											
	(d)	This committee is	s a			tional, Stat subordinat		ttee of th	е		(Democratic, Republican,etc.)	Party.
	(e)	This committee is	s a separ	ate segregate	ed fund							
	(f)	This committee s committee.	upports/o	opposes more	e than one	e Federal c	andidate,	and is N	IOT a se	parate segregat	ed fund or party	
6.	Name of Any	Connected Orga	nization	or Affiliated	l Commit	tee						
L			1 1				1 1					
L												
L	Mailing Addre	ess										
L	Mailing Addre	ess [
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L	Mailing Addre	ess [CITY				STA	ATE A	ZIP CODE A	
	Mailing Addre	ess [<u> </u>					ZIP CODE A	
	Relationship	ess									ZIP CODE A	
	Relationship Type of Conne	 			1 1 1							
	Relationship Type of Conne	ected Organization			Corporat	1 1 1					nization	

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Write or Type Committee Name	3)		Page 3					
Friends of Jim Maloney, Inc	o.							
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.								
Full Name Patricia Dr.	Patricia Draper							
Mailing Address	41 Taunton Lake Road							
	Newtown		06470 _					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
Treasurer		Felephone number						
name and address of any des								
Mailing Address	41 Taunton Lake Road							
	Newtown		06470					
Title or Position ♥	Newtown CITY A	CT	06470					
Title or Position ♥ Treasurer	CITY 🛦							
·	CITY 🛦	STATE						
Treasurer Full Name of Designated	CITY 🛦	STATE						
Treasurer Full Name of Designated Agent	CITY 🛦	STATE						

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Mailing Address	Webster Bank 83 Newtown Road					
		Danbury CT 068	110				
		CITY △ STATE △ ZII	P CODE 🛆				