01/31/2022 10:13

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Connecticut Democratic State Central Committee 750 Main Street ADDRESS (number and street) Suite 1108-3 (Check if address is changed) Hartford 06103 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@ctdems.org (Check if address is changed) Optional Second E-Mail Address arnold@ctcomplianceandlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.ctdems.org (Check if address is changed) DATE 2022 C00167320 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Alves, Roberto, , , Type or Print Name of Treasurer Alves, Roberto, , , [Electronically Filed] 01 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	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. (Compinformation below.)	lete the candidate
	ne of ndidate		
	ndidate ty Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of ndidate		
Pa	rty Con	nmittee:	
(d)	x	CTA ' '	Democratic, Republican, etc.) Party.
Pol	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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 seg committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joii	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	-				
l	FEC Form 1 (Revised (02/2009)			Page 3
V	Vrite or Type Committee Name				
(Connecticut De	mocratic State Centra	al Committe	е	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint	Fundraising Represer	ntative, or Lead	ership PAC Sponsor
D	emocratic Grassroots	S Victory Fund			
	Mailing Address	430 South Capitol Street, SE			
		Washington	D	C 20003	3
		CITY	ST	ATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Rep	resentative	Leadership PAC Sponsor
	Custodian of Records: Ider books and records.	tify by name, address (phone number	optional) and position of	f the person in	possession of committee
	Alves, Rob	erto, , ,			
	Full Name	,750 Main Street			
	Mailing Address				
		Suite 1108-3			
		Hartford		T 0610	3
	Title or Position	CITY	STA	TE	ZIP CODE
	Treasurer		Telephone number	860 –	560 - 1775
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t essistant treasurer).	he treasurer of the com	ımittee; and the	name and address of
	Full Name Alves, Rob of Treasurer	erto, , ,			
	Mailing Address	750 Main Street			
		Suite 1108-3			
		Hartford		CT 06103	3 -
	Title on Desirie	CITY	STA	TE	ZIP CODE
	Title or Position Treasurer		Telephone number	860 –	560 1775

Full Name of Designated Agent	Alvez, Roberto, , ,	
Mailing Address	750 Main Street	
	Suite 1108-3	
	Hartford CT 06103 CITY STATE ZI	IP CODE
Title or Position Treasurer		60 1775
safety deposit bo	IXES OF HIGHHIGHS TUHUS.	
Name of Bank, D	Depository, etc. People's United Bank, N.A.	
Name of Bank, D	Depository, etc.	
	Depository, etc. People's United Bank, N.A.	
	People's United Bank, N.A. 1 Financial Plaza Hartford CT 06103	IP CODE
	People's United Bank, N.A. 1 Financial Plaza Hartford CITY STATE Z	IP CODE
Mailing Address	People's United Bank, N.A. 1 Financial Plaza Hartford CITY STATE Z Depository, etc.	IP CODE
Mailing Address	People's United Bank, N.A. 1 Financial Plaza Hartford CITY STATE Z Depository, etc.	IP CODE
Mailing Address Name of Bank, D	People's United Bank, N.A. 1 Financial Plaza Hartford CITY STATE Z Depository, etc.	IP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

New Treasurer and Custodian of Records Named.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Dollars for Demo	ocrats 		
Mailing Address	430 So. Capitol Street, S.E.		
	Washington	DC DC	20003
Deletienskin	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint	nt Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be and a composition, etc.	ed Organization Affiliated Committee Joint	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
DSP Joint Victory	/ Fund		
	430 So Capitol Street, S.E		
Mailing Address	100 GG GGPHG1 GHESG, G.E.		
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marked to the content of the con	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ______

TITLE OR POSITION Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all bar	nks or other depositories in v	Telephone Num		unds, holds accounts, rents
Banks or Other Depositorsafety deposit boxes or management of Bank, Depository, etc.	ries: List all bar	iks or other depositories in			unds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all bar	nks or other depositories in			unds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all bar	nks or other depositories in v			unds, holds accounts, rents
TITLE OR POSITION	▼		Telephone Num	ber	
TITLE OR POSITION	▼				
	_	CITY A	ST	ATE A	ZIP CODE ▲
-					
Mailing Address					
Designated Agent: Identif	y by name, addr	ess (phone number – option	al)		
Connecte	d Organization	Affiliated Committee	Joint Fundraising F	epresentativ	e Leadership PAC Spo
Relationship:		CITY A		TATE A	ZIP CODE ▲
	Washington			DC	20003
Mailing Address	430 30. Capi				
	430 So Capi	tol Street, S.E.			
		Affiliated Committee, Joint atic National Commit		sentative, o	or Leadership PAC Sponso
4.			FEC ID r	umber C	
			FEC ID r	umber	
3.			FEC ID n	umber C	
2				umber	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Democratic Gras	sroots Victory Fund		
	430 South Capitol Street, S.E.		
Mailing Address			
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Join Join by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Biden Victory Fur	iu 		
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership FAC 3
	y by name, address (phone number – optional)	Tunuraising nepresent	Leadership FAC S
esignated Agent: Identi		Tundraising Represente	Leadership PAC Sp
esignated Agent: Identi		Trundraising Represente	Leadership FAC S
esignated Agent: Identi		Trundraising Representa	Leadership FAC S
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) or (h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
DeLauro Victory F	-una 		
Mailing Address	910 17th Street, NW, Suite 925		
ŭ			
	Washington	, DC	20006
D. L. C LC.	CITY ▲	STATE A	ZIP CODE ▲
Relationship:			
	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponsor
Connected 3. Designated Agent: Identify		Fundraising Represent	Leadership PAC Sponsor
Connected B. Designated Agent: Identify Full Name		Fundraising Represent	Leadership PAC Sponsor
Connected B. Designated Agent: Identify Full Name		Fundraising Represent	Leadership PAC Sponsor
Connected B. Designated Agent: Identify Full Name	y by name, address (phone number – optional)	Fundraising Represent	
Connected B. Designated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Tele Ories: List all banks or other depositories in which the	STATE A ephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

5(g) or (l	n). Joint Fundraisin g	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	С
6. N a	ame of Any Connected of Blumenthal Victory	Organization, Affiliated Committee, Joint Fundraisi	ing Representative	e, or Leadership PAC Sponsor
	Diditienthal victory	, r unu		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
_		Organization Affiliated Committee		ative Leadership PAC Sponsor
— 8. D e	esignated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1	
— 8. D e				
— 8. De	Full Name			
— 8. D e	Full Name			
— 8. D e	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional) CITY		
—— 9. B a	Full Name	by name, address (phone number – optional) CITY Telepi ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
—— 9. B a sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optional) CITY Telepi ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
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