**FEC** 

Only

## STATEMENT OF

PAGE 1/6

**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Connecticut Republican State Central Committee, Inc. 98 Washington St ADDRESS (number and street) Ste 203 (Check if address is changed) Middletown 06457-2803 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Ispadaccini@eastcenterlaw.com is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00023838 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. Type or Print Name of Treasurer Spadaccini, Lou,, 04 03 2024 Signature of Treasurer Spadaccini, Lou, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
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 information below.)	candidate
Name of Candidate	
Candidate Office House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, e	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 Org	janization
Membership Organization Trade Association Cooperation	ve
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 committee. (i.e., nonconnected committee)	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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. [	

	FEC Form 1 (Revised (			Page <b>3</b>
٧	Vrite or Type Committee Name		`ammittaa laa	
_		publican State Central C		n Landaushir DAO O
6.	-	rganization, Affiliated Committee, Joir	nt Fundraising Representative, c	r Leadership PAC Sponsor
	Trump 47 Committee	<del>)</del> 		
	Mailing Address	PO Box 509		
		Arlington	VA V	22216-0509
		CITY ▲	STATE ▲	ZIP CODE ▲
	ъ			
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representati	ve Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number o	ptional) and position of the person i	n possession of committee
	Spadaccin	i. Lou		
	Full Name			
	Mailing Address	158 East Center Street		
		Manchester	СТ	06040-5208
		CITY	OTATE A	ZID CODE A
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Custodian of Records	1	1 86	60   432   0676
			Telephone number	- 102 - 10010
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) o assistant treasurer).	f the treasurer of the committee; a	and the name and address of
	Full Name Spadaccin	i, Lou, , ,		
	of Treasurer	158 East Center Street		
	Mailing Address	130 Last Genter Street		
		Manchester	CT	06040-5208
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 =	OIAIL =	2.1 0001 =
	Treasurer		Telephone number	60 432 - 0676

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Spadaccini, Lou, , ,		
Mailing Address	158 East Center Street		
	Manchester	CT C	06040-5208
T	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position	cords	none number   860	432
	<b>Depositories:</b> List all banks or other depositories in which the xes or maintains funds.	committee deposits funds	s, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Chain Bridge		
Mailing Address	1445-A Laughlin Ave.		
	McLean	VA2	2101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Webster Bank		
Mailing Address	359 Queen Street		
	Southington	CT 0	6489
	CITY A	STATE ▲	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

Amending to report an updated name to a Joint Fundraising Committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page	of <sup>6</sup>
raue	OI .

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e or Leadershin PAC Snon
Logan Victory Fund	i organization, Anniated Committee, Comt 1 di		., or Ecaucismp 120 opon
Mailing Address	26 Catoonah St		
	Unit 72		
	Ridgefield	CT	06877-7703
	CITY	STATE ▲	ZIP CODE ▲
	ed Organization	oint Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo		
esignated Agent: Identi	Affiliated Committee X Jo	oint Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Jo		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the price	STATE   Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee X Journal of the price	STATE   Telephone Number  ch the committee deposit	ZIP CODE A