

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Johnson for Congress Committee

ADDRESS (number and street)

P. O. Box 1986

(Check if address is changed)

New Britain

CT

06050

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 / 01 / 1981

3. FEC IDENTIFICATION NUMBER

C C00145607

4. 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

John Eveleth

Signature of Treasurer

Electronically Filed by John Eveleth

Date

10 / 25 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 **Nancy L. Johnson**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **CT** District **05**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Connecticut Victory 2006

Mailing Address **228 S. Washington St., Ste. 115**

Alexandria **VA** **22314**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Joint Fundraising Rep.**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Johnson for Congress Committee

- 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 **Lisa R. Carver**

Mailing Address **286 Garry Drive**

 New Britian **CT** **06052** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Assistant Treasurer Telephone number **860** - **224** - **9625**

- 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 **John Eveleth**

Mailing Address **19 Dover Road**

 New Britian **CT** **06052** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Treasurer Telephone number **860** - **224** - **3865**

Full Name of Designated Agent **Lisa R. Carver**

Mailing Address **286 Garry Drive**

 New Britian **CT** **06052** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Assistant Treasurer Telephone number **860** - **224** - **9625**

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.

Webster Bank

Mailing Address

370 West Main Street

New Britain

CT

06052

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

BB&T

1909 K Street, NW

Washington **DC** **20006** -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

La Rompa Victory Committee

Mailing Address

228 S. Washington St., Ste. 1

Alexandria **VA** **22314** -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Joint Fundraising Rep.**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -



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.

[ADDITIONAL]

Wachovia Bank

Mailing Address **7901 Wisconsin Ave.**

Bethesda **MD** **20814**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

California Delegation ROMP

Mailing Address **PO Box 40385**

Washington **DC** **20016**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Joint Fundraising Rep.**

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -



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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Physicians to Retain Our Major

Mailing Address

228 S. Washington St., Ste. 11		
Alexandria	VA	22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Rep.

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

