

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2008 JAN 15 AM 8:24

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NANIA FOR CONNECTICUT 2008

ADDRESS (number and street) 35 UNDERMOUNTAIN RD

(Check if address is changed) FALLS VILLAGE CT 06031

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Temporary)

njnie@niania.us

niania@sniet.net

COMMITTEE'S WEB PAGE ADDRESS (URL) (IN PROCESS)

COMMITTEE'S FAX NUMBER

860-824-0445 (Temporary)

2. DATE 12 29 2007

3. FEC IDENTIFICATION NUMBER C

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 GEORGE R SINNAMON

Signature of Treasurer [Signature] Date 01 07 2008

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.

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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 ANTHONY JOSEPH NANIA

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

NONE

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

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Write or Type Committee Name

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 LYNN C NANIA

Mailing Address 35 UNDERMOUNTAIN RD  
FALLS VILLAGE CT 06031

Title or Position  CITY  STATE  ZIP CODE

ASST. TREASURER Telephone number 860-824-0393

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  GEORGE R SIMMONS

Mailing Address  194 ASHLEY FALLS RD  
PO BOX 665  
 CANAAN CT 06018

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number  860-824-7737

Full Name of Designated Agent LYNN C NANIA

Mailing Address 35 UNDERMOUNTAIN RD  
FALLS VILLAGE CT 06031

Title or Position  CITY  STATE  ZIP CODE

ASST. TREASURER Telephone number 860-824-0393

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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

PO BOX 818

10 GRANITE AVE.

CANAAN CT 06018-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked  
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Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

1/15/08  
DATE PREPARED

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