FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	PO BOX 61			
(Check if address is changed)				
	CHESHIRE └────────────────────────────────────		CT 06410 STATE ▲	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	guy.h.stevens@gmail.c	com		
	Optional Second E-Mail Add	lress I.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 07	D / Y Y Y Y 31 2023			
3. FEC IDENTIFICATION I	NUMBER ► C co	0571430		
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 co	mplete.
Type or Print Name of Treasu	rer ESTY, ELIZABETH, , ,			
Signature of Treasurer	ΓΥ, ELIZABETH, , ,	[Electronically Filed]	Date 07	31 / Y Y Y Y 2023
NOTE: Submission of false, erro	neous, or incomplete information i ANY CHANGE IN INFORMAT	may subject the person signing the TON SHOULD BE REPORTED N		nalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	on FC	EC FORM 1 Revised 06/2012)

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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. (Comple information below.)	ete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	ocratic, blican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated 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 (Hyb	rid 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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
(j) Committees Participating in Joint Fundraiser
2.

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\	Nrite or Type Committee Name	
	EFFECTIVE LEADERSHIP ENHANCING COMMUNITIES TODAY	- ELECT PAC
6	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Penrocontative, or Loss	derebin BAC Spansor

Mailing Address	L																				
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

E	ESTY, ELIZABETH, , ,		
Full Name			
Mailing Address	213 PRESTON TER		
		CT 06	410
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position \mathbf{v}			
Treasurer		Telephone number	- 910 - 8940

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	ESTY, ELIZABETH, , ,													
of Treasurer														
Mailing Address	213 PRESTON TER													
	CHESHIRE CT 06410 - - -													
	CITY ▲ STATE ▲ ZIP CODE ▲													
Title or Position	7													
Treasurer	Telephone number													

FEC Form 1 (Revised 02	2/2	200)9)]	Pag	e 4	1		
Full Name of Designated Agent									[1	
Mailing Address																												
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Title or Position ▼																												
												Tel	eph	one	ə n	umt	ber				- [

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.

Wells F			
Mailing Address	311 Highland Avenue		
	Cheshire	CT 06410	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository, e	ətc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE