

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
10 JAN 21 AM 11:28

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

S i m m o n s f o r S e n a t e

ADDRESS (number and street)

P o s t O f f i c e B o x 2 6 8

☐ (Check if address
is changed)

S t o n i n g t o n C T 0 6 3 7 8 - 0 2 6 8

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

s b e s s e t t e 3 3 @ y a h o o . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

w w w . j o i n s i m m o n s . c o m

2. DATE

0 1 / 0 7 / 2 0 1 0

3. FEC IDENTIFICATION NUMBER

C 0 0 4 6 0 1 3 9

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

Susan M. Bessette

Signature of Treasurer

Susan M. Bessette

Date

0 1 / 1 8 / 2 0 1 0

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10020023352

5. 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 candidate information below.)

Name of Candidate R o b e r t R . S i m m o n s

Candidate Party Affiliation R E P Office Sought: ☐ House ☒ Senate ☐ President State C T District

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

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ 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.
- (h) ☐ 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.

Committees Participating in Joint Fundraiser

1.	<u></u>	FEC ID number	<u>C</u>
2.	<u></u>	FEC ID number	<u>C</u>
3.	<u></u>	FEC ID number	<u>C</u>
4.	<u></u>	FEC ID number	<u>C</u>

10020023353

Simmons for Senate

[illegible][illegible]

T r e a s u r e r Telephone number 860-599-4301

110020023354

Full Name of
Designated
Agent

S u s a n B e s s e t t e

Mailing Address

33 M a y f l o w e r A v e n u e

P a w c a t u c k

CITY

C T

STATE

0 6 3 7 9

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

8 6 0 - 5 9 9 - 3 4 3 2

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.

C h e l s e a G r o t o n B a n k

Mailing Address

O n e F r a n k l i n S q u a r e

N o r w i c h

CITY

C T

STATE

0 6 3 6 0

ZIP CODE

Name of Bank, Depository, etc.

B a n k o f A m e r i c a

Mailing Address

4 C a n n o n S q u a r e

S t o n i n g t o n

CITY

C T

STATE

0 6 3 7 8

ZIP CODE

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

☒

DHL _____

☐

AIRBORNE EXPRESS _____

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

01-21-10

10020023358

10020023359

