Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. GREEN PARTY OF CONNECTICUT PO BOX 330922 ADDRESS (number and street) (Check if address is changed) **HARTFORD** CT 06133 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address patrick@dnacampaigns.com is changed) Optional Second E-Mail Address CREILLY1952@HOTMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.ctgreenparty.org (Check if address is changed) DATE 2023 C00528356 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 Romano, Patrick, , 11 25 2023 Signature of Treasurer Romano, Patrick, , , 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.)	e candidate
Name of Candidate '','','','','	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot
Name of Candidate	
Party Committee:	
(d) X This committee is a (National, State or subordinate) committee of the Republican,	,
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
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 PA	C).
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.	r more political
Committees Participating in Joint Fundraiser	
1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	Write or Type Committee Name		. 490
		OF CONNECTICUT	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Re	epresentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the	e person in possession of committee
	Romano, P	atrick, , ,	
	Mailing Address	29 South Fair St	
		Guilford	CT 06437
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	745 7700
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	mmittee; and the name and address of
	Full Name Romano, P	atrick, , ,	
	Mailing Address	29 South Fair St	
		Guilford	CT 06437 - - -
	Title or Position ▼	CITY ▲ ST.	ATE ▲ ZIP CODE ▲
	Treasurer	Telephone number	203 - 745 - 7700

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent Mailing Address	Reilly, Christopher, , , 16 Rosemary Court	
		West Hartford CT CITY ▲ STATE ▲	06110 ZIP CODE ▲
	Title or Position		ZIP CODE A
	FecFile Consultar	nt Telephone number	0
•		Depositories: List all banks or other depositories in which the committee deposits fur ses or maintains funds.	nds, holds accounts, rents
	Name of Bank, D	epository, etc.	
		Guilford Savings Bank	
	Mailing Address	1 Park St.	
		Guilford	06437
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising	y Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Spon
Mailing Address	1		
ū			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Bedell, Da	by name, address (phone number - optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify Bedell, Da Full Name	by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Bedell, Da	by name, address (phone number - optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify Bedell, Da Full Name	by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identify Bedell, Da Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Bedell, Da Full Name	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford		
esignated Agent: Identify Bedell, Da Full Name Mailing Address	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY	CT STATE A	06492
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel	STATE A	06492 ZIP CODE ▲
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Assistant Treasurer	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel	STATE A	06492 ZIP CODE ▲
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel	STATE A ephone Number he committee deposit	06492 ZIP CODE ▲
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel ies: List all banks or other depositories in which tentains funds.	STATE A ephone Number he committee deposit	06492 ZIP CODE ▲
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel ies: List all banks or other depositories in which tentains funds.	STATE A ephone Number he committee deposit	06492 ZIP CODE ▲
esignated Agent: Identify Bedell, Da Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number – optional) avid, , , 381 Long Hill Rd Wallingford CITY Tel ies: List all banks or other depositories in which tentains funds.	STATE A ephone Number he committee deposit	06492 ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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ı ayc	O.		

h). Joint Fundraising	Participant:		
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3.		FEC ID numb	er C
4.		 FEC ID numb	er C
4.			
ame of Any Connected (Organization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STAT	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – options	Joint Fundraising Repre	sentative Leadership PAC S
	by name, address (phone number – optionable, , ,		Sentative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - option		Sentative Leadership PAC S
esignated Agent: Identify Stuller, Bo	by name, address (phone number – optionable, , ,		
esignated Agent: Identify Stuller, Bo	by name, address (phone number – optionable, , ,		
esignated Agent: Identify Stuller, Bo	by name, address (phone number – optionabb, , , 19 Evergreen Ave New London	al)	06320
esignated Agent: Identify Stuller, Bo Full Name Mailing Address	by name, address (phone number – optionabb, , , 19 Evergreen Ave New London	al)	06320
Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus anks or Other Depositorion	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	al) CT STATE Telephone Number	06320
Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus anks or Other Depositorion	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	al) CT STATE Telephone Number	06320
esignated Agent: Identify Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	al) CT STATE Telephone Number	06320
Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	STATE Telephone Number which the committee de	O6320 ZIP CODE 860 271 91 Dosits funds, holds accounts, rer
Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	STATE Telephone Number which the committee de	O6320 ZIP CODE 860 271 91 Dosits funds, holds accounts, rer
Stuller, Bo Full Name Mailing Address TITLE OR POSITION Treasurer Emeritus anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number – options bb, , , 19 Evergreen Ave New London CITY es: List all banks or other depositories in w	STATE Telephone Number which the committee de	O6320 ZIP CODE 860 271 91 Dosits funds, holds accounts, rer