

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

RECEIVED

FEDERAL ELECTION CENTER

7003 AUG 11 A 9 16

Office Use Only

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

12FB4M5

Supplies for America

ADDRESS (number and street)

321 Highland Street

(Check if address  
is changed)

West Haven

CT

06516

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Supplies-for-America @ Barrington.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

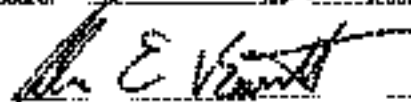
AMENDED (A)

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

John E. Barrett

Signature of Treasurer



Date

08 08 2003

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.

Online  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2003)

FEC-1000-100

## 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:☐ House☐ Senate☐ President

State

District

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

Name of  
CandidateHoward Dean

- (d) ☐ This committee is a ☐ (National, State or subcommittee) 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:

Corporation

☐ Corporation w/o Capital Stock☐ Labor Organization

Membership Organization

☐ Trade Association☐ Cooperative

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

John E. Barrett

Mailing Address

321 Highland Street

West Haven

CT

06516

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

203-932-4601

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 E. Barrett

Mailing Address

321 Highland Street

West Haven

CT

06516

Title or Position

CITY

STATE

ZIP CODE

Telephone number

203-932-4601

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Wachovia Bank N.A.

Mailing Address

1597 Campbell Avenue

West Haven

CT

06616

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

# **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>8/6/03                 |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                     |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other (Specify):                                           | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| EA<br>PREPARER                                                                      | 8/11/03<br>DATE PREPARED             |