FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SANTOS FOR CONGRESS 53 Peck Road ADDRESS (number and street) (Check if address is changed) **Torrington** 06790 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ken@taxnag.com (Check if address is changed) Optional Second E-Mail Address manny@santosforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) santosforcongress.com (Check if address is changed) DATE 2018 C00673467 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. Nowell, J Kenneth, , , Type or Print Name of Treasurer Nowell, J Kenneth, , , [Electronically Filed] 04 19 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name Candid	TOATILOS, MATITY,	
Candid Party /	date Affiliation REP Office Sought: House Senate Preside	State CT District 05
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
Name Candid		
Party	Committee:	(Davis a south)
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 separa committee. (i.e., nonconnected committee)	te segregated 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.)	
Joint	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candic	·
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
	Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number	
	3.	
	4.	

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee	Name	
SANTOS FO	R CONGRESS	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the person	on in possession of committee
Full Name Mailing Address	Ell, J Kenneth, , , 53 Peck Road Torrington CT	06790
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	d the name and address of
Full Name Nowe of Treasurer	ell, J Kenneth, , ,	
Mailing Address	53 Peck Road	
	Torrington CITY STATE	06790 ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Form	1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Loucks, Dean, , ,				
Mailing Address	30 Morse St.				
	Meriden CT 06450 CITY STATE ZIE	P CODE			
Title or Position Assistant Treasur	er	0 5612			
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.					
L	Webster Bank				
Mailing Address	1180 East Main St.				
	Torrington CT 06790				
	CITY STATE ZI	P CODE			
Name of Bank, De	epository, etc.				
L					
Mailing Address					
	CITY STATE ZI	P CODE			