

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION MAIL ROOM

Oct 18 9 03 AM '95

| | | |
|--|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL Connecticut Citizens For Colin Powell For President | <input type="checkbox"/> (Check if name is changed) | 2. DATE Oct. 11, 1995 |
| (b) Number and Street Address P.O. Box 1076 | <input checked="" type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number C00306480 |
| (c) City, State and ZIP Code Winsted, Ct. 06098 | | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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 Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate, **Colin Powell** and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

| 4. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| None | None | None |

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 | Mailing Address | Title or Position |
|--------------------------|---|-------------------|
| William H. McCabe | 240 Colebrook Road, Winsted, Ct. 06098 | C.P.A. |

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 | Mailing Address | Title or Position |
|--------------------------|--|-------------------|
| William H. McCabe | 240 Colebrook Rd., Winsted, Ct. 06098 | Treasurer |

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 and ZIP Code |
|--------------------------------|---------------------------------------|
| Fleet National Bank | CityPlace, Hartford, Ct. 06103 |

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 William H. McCabe | SIGNATURE OF TREASURER  | DATE October 11, 1995 |
|---|--|---------------------------------|

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FESAND45

FEC FORM 1
(revised 4/87)

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Federal Election Commission
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G. A. Q.
PREPARER

10/18/95
DATE PREPARED

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