FEC

STATEMENT OF ORGANIZATION

RECEIVED 7
2011 OCT 12 PM 12: 08
FEC MAIL CENTER

7 011111			1 120	Office Use Only NTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	AMERICAN STATE OF THE STATE OF
Meek for Congre	2 5 \$		11111	
	.1127 High Ric	ige Road	1.1.1.1.1.1	
ADDRESS (number and street)	#161	ige itoad		
(Check if address is changed)	Stamford		CT Q	6905
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
(Obsale if address	ιίηfo@meekfo	rcongress, com		
(Check if address is changed)	1			
COMMITTEE'S WEB PAGE AD		congross som		
(Check if address is changed)	www.ineekioi	congress.com		
2. DATE 10 11	TOTAL SERVICE STREET, SERVICE			
3. FEC IDENTIFICATION N		นายองรุ่น สถานุกายหญายหญายหญายหญายหญาย ผู้ผู้ ในกรณที่ผลงานที่สมเหลือเลกเก็บสมเหลือเลกเลื่อ	•	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	Laura Schwa	artz		
Signature of Treasurer	977		Date 1	11/2011
NOTE: Submission of false, errone	eous, or incomplete information ANY CHANGE IN INFORMATION			the penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE
	Can	-	Committee:
	(a)	X	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 Candi		Christopher D. Meek,
	Cand Party	date Affiliati	on REP Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Com	nmittee:
	(d)		This committee is a (National, State (Democratic, Republican, etc.) Parameters of the Committee of the Commi
•	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on fine 6.) Its connected organization
			Corporation Corporation w/o CapItal Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbytst/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee)
			In addition, this committee is a Lebbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	ralsing 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.
		Cam	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number
-			1
		3.	The state of the s

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\ \	Write or Type Committee Name		
ľ	Meek for Congre	ess	
6.	<u></u>	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
. N	Mana		
ŀ	vone		
L			
	Mailing Address		ШШ
			لــــا-ك
		CITY STATE ZII	CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
7.	Custodian of Records: idea books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Full Name Laura	Schwartz	
٠	Mailing Address	55 Oyerlook Drive	
	•		
		Ridgefield 06877	لــــا-لــ
	Title or Position	CITY STATE ZI	CODE
	Treasurer	Telephone number [203,] - [241	, _ [5130 ,]
В.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Laura of Treasurer	Schwartz	
	Mailing Address	55 Overlook Drive	لىسىسا
		Ridgefield 06877	لــــا-ك
	Title or Position	CITY STATE ZIF	CODE
	Treasurer	Telephone number 203, - 241	5130
1			•

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Full Name of Designated Agent	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11111	
Mailing Address			
	СПТУ	STATE	ZIP CODE
Title or Position	Telephone	number	
safety deposit boxes o	r maintains funds.		
Name of Bank, Deposi	ells Fargo		
Name of Bank, Deposi			
Name of Bank, Deposit	ells Fargo	LLLLLL LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	[06877] - [, , , ,
Name of Bank, Deposit	ells Fargo 368 Main Street	CT STATE	06877,]-
Name of Bank, Deposit	ells Fargo [368 Main, Street] [Ridgefield] CITY	الللا	haladada, kabulaba
Name of Bank, Deposition o	ells Fargo [368 Main, Street] [Ridgefield] CITY	الللا	haladada, kabulaba
Name of Bank, Deposition o	ells Fargo [368 Main, Street] [Ridgefield] CITY	الللا	haladada, kabulaba
Name of Bank, Deposition of Bank, Deposition	ells Fargo [368 Main, Street] [Ridgefield] CITY	الللا	haladada, kabulaba
Name of Bank, Deposition of Bank, Deposition	ells Fargo [368 Main, Street] [Ridgefield] CITY	الللا	haladada, kabulaba

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signat	ture Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
B/	10/12/11
PREPARER (3/2005)	DATE PREPARED
•	