

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 JUL 14 AM 11:40

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Dominic for US Senate

ADDRESS (number and street)

P.O. Box 781

☐

(Check if address
is changed)

Fairfield

CITY ▲

ct

STATE ▲

06824

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

06 / 19 / 2017

3. FEC IDENTIFICATION NUMBER ►

C 00647792

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

Michele Berardo

Signature of Treasurer

Michele Berardo

Date

06 / 30 / 2017

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201707140200105792

5. 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 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
Candidate**Party Committee:**

- (d) ☒ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 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 separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ 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 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

201707140200165793

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Michele Berardo

Mailing Address

P. O. Box 781

Fairfield

ct

06824

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

203

856

3079

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

Michele Berardo

Mailing Address

P. O. Box 781

Fairfield

ct

06824

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

203

856

3079

201707140200165794

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

Webster Bank

Mailing Address

1177 Post Road

Fairfield

ct

06824

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201707140200165795

201707140200165796

RESS

2189
07:10
2
16:30

RT 729

FZ



United States
Post Office

OPENED
FOR
INSPECTION



ORIGIN 10:0XCA (203) 856-3079
DOMINIC FOR US SENATE
SHIP DATE: 10 JUL 17
ACT461: 0.30/18
CAD: 6990429/58F01802

PO BOX 781
FAIRFIELD, CT 06824
UNITED STATES US

TO SENATE OFFICE OF PUBLIC R
SENATE OFFICE OF PUBLIC RECORD
232 HART SENATE OFFICE BUILDING

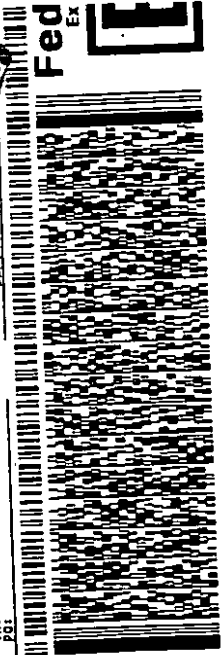
WASHINGTON DC 20510

REF:

(000) 000-0000

POST

PEPIL



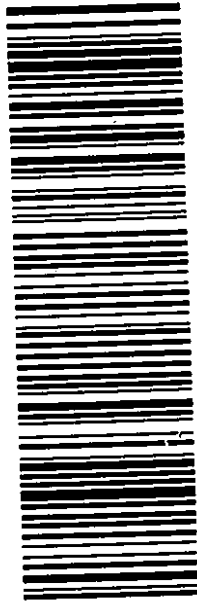
Fed Ex

WED - 12 JUL 4

** 2DA

TRK# 7871 4245 2189
Screened by 13
Senate Post Office

SK YKNA JUL 12 2017 20
DC-US



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	7-10-17	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

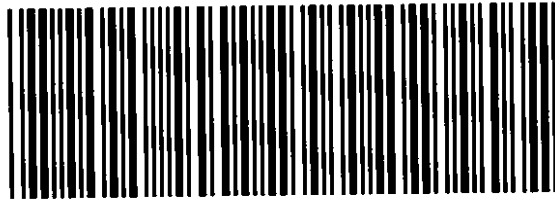
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

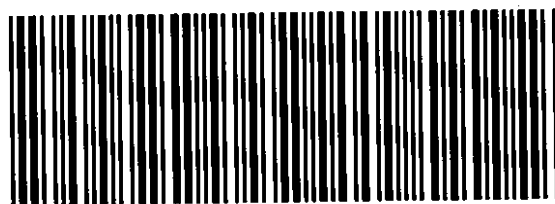
PREPARER **DH** DATE PREPARED **7-14-17**

4/04/16

201707140200165797



SEN PATCH



SEN PATCH

201707140200165798