

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOV 23 AM 9:23

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5
FEC MAIL CENTER

Matthew M. Corey For Congress

ADDRESS (number and street)

181 CENTER ST

(Check if address is changed)

Manchester CT 06040
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Corey.matthew79@hotmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

CoreyForCongress2012.com

2. DATE 10 21 2012

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 Lisa A. Bushnell

Signature of Treasurer Lisa A. Bushnell Date 10 21 2012

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

FEC FORM 1 (Revised 06/2012)

12030944796

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 Candidate MATTHEW M. COREY

Candidate Party Affiliation J Office Sought: House Senate President State _____ District _____

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

Name of Candidate MATTHEW M. COREY

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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

MATTHEW M Corey For Congress

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

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

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

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid line]

Telephone number

[Empty grid line]

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

LISA A BUSHNELL

Mailing Address

181 CENTER ST

[Empty grid line]

MANCHESTER NH 06040

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

860-796-5902

1203094798

Full Name of Designated Agent

LISA A BUSHNELL

Mailing Address

181 CENTER ST

MANCHESTER

CITY

CT

STATE

06040

ZIP CODE

Title or Position

TREASURER

Telephone number

860-996-5902

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.

BANK OF AMERICA

Mailing Address

30 STATE HOUSE SQUARE

HARTFORD

CITY

CT

STATE

06103

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1203094799

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

JmH

PREPARER
(3/2005)

11/5/12
DATE PREPARED

12030944800