FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

SAL LILIENTHAL ELECTION COMMITTEE

ADDRESS (number and street) 9 BRIDGE STREET, P.O. BOX 381

◄ (Check if address is changed)

KENT CT 06757-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◄ (Check if address is changed) ELECT@SALLILIENTHALFORCONGRESS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◄ (Check if address is changed) WWW.SALLILIENTHALFORCONGRESS.COM

2. DATE (M M / D D / Y Y Y Y) 05 10 2013

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 Carol S. Lilienthal

Signature of Treasurer Carol S. Lilienthal Date (M M / D D / Y Y Y Y) 05/10/2013

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				

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

FEC FORM 1
(Revised 06/2012)

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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: SAL STEPHEN ROSS LILIENTHAL

Candidate Party Affiliation: REPUBLICAN Office Sought: (House) Senate President State: CT District: 5TH

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

Name of Candidate: N/A

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

Write or Type Committee Name

SAL LILIENTHAL ELECTION COMMITTEE

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

N/A

Mailing Address

CITY STATE ZIP CODE

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

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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: PETER S LILIENTHAL

Mailing Address: 49 TOP GALLANT RD

UNIT 21

STAMFORD CT 06902-7754

CITY STATE ZIP CODE

Title or Position: ASST TREASURER

Telephone number: 203-353-8211

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: CAROL S LILIENTHAL

Mailing Address: 49 TOP GALLANT RD

UNIT 21

STAMFORD CT 06902-7754

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 203-353-8211

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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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.

J.P. MORGAN CHASE BANK N.A.

Mailing Address

OLD GREENWICH BRANCH 003745

260 SOUND BEACH AVE

OLD GREENWICH CT 06870-

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY STATE ZIP CODE

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.

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☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
JMP	5/12/13
PREPARER	DATE PREPARED

(3/2005)

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