

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL ROOM

2007 JAN 16 A 9:13

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FARRELL FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 5136

(Check if address is changed)

WESTPORT

CT

068801-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

B.SCHWIMMER@OPTONLINE.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

203-227-1625x8

2. DATE

01 ' 08 ' 2007

3. FEC IDENTIFICATION NUMBER ▶

C00413682

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

Barbara Schwimmer

Signature of Treasurer

Barbara Schwimmer

Date

01 ' 08 ' 2007

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 02/2003)

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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 DIANE GOSS FARRELL

Candidate Party Affiliation DEM Office Sought: House Senate President State District

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

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

27039334914

Write or Type Committee Name

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 BARBARA SCHWIMMER

Mailing Address 116 CRANBURY RD
WESTPORT CT 06880

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 203-222-1843

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 BARBARA SCHWIMMER

Mailing Address 116 CRANBURY RD
WESTPORT CT 06880

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent STEWART GREENFIELD

Mailing Address 1279 STURGES HIGHWAY
WESTPORT CT 06880

Title or Position ▼ Dep. of Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

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.

FAIRFIELD COUNTY BANK

Mailing Address

180 POST ROAD EAST

WESTPORT

CT

06880-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039334916

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
11/9/07

USPS Registered/Certified Postmarked (R/C)

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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


 PREPARER

11/17/07
 DATE PREPARED

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