PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PEOPLE'S BANK FEDERAL POLITICAL ACTION COMMIT 850 MAIN ST 13TH FL ADDRESS (number and street) (Check if address is changed) **BRIDGEPORT** 06604 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS debbie.healey@peoples.com (Check if address is changed) Optional Second E-Mail Address timothy.hodges@peoples.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2022 C00178012 FEC IDENTIFICATION NUMBER 3. X 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. Healey, Debbie, , , Type or Print Name of Treasurer Healey, Debbie, , , [Electronically Filed] 04 05 2022 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

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

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee: (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
[In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

Title or Position

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
PEOPLE'S BAN	NK FEDERAL POLITICAL ACTION COMM	ITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
PEOPLE'S BANK FED	PERAL POLITICAL ACTION COMMITTEE	
Mailing Address	850 MAIN ST 13TH FL	
	BRIDGEPORT CT 06604	
	CITY STATE	ZIP CODE
	ntify by name, address (phone number optional) and position of the person in poss	dership PAC Sponsor session of committee
Full Name	,850 Main Street	
Mailing Address	OSC Main Street	
	Bridgeport CT 06604	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer		338 4096
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Healey, De	ebbie,,,	
	850 Main Street	
Mailing Address		
	Bridgeport CT 06604	

CITY

ZIP CODE

3520

338

STATE

Telephone number

203

9.

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent Healey,	Debbie, , ,		
Mailing Address	850 Main Street		
	Bridgeport	CT 0660	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number 203 -	338 - 4096
Name of Bank, Depository PEOI Mailing Address	PLES UNITED BANK 850 Main Street		
	Bridgeport	CT 0660	4
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra WILMINGTON TRUST POLITICAL A		
Mailing Address	575 MAIN STREET		
	BUFFALO	, NY	14203
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	ative Leadership PAC S
Connecter connec		Fundraising Representa	ative Leadership PAC S
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connecter connec	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Joint y by name, address (phone number – optional)		Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee Joint y by name, address (phone number – optional) CITY		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Te	STATE A lephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material deposition of Bank, epository, etc.	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Te	STATE A lephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Te	STATE A lephone Number	ZIP CODE A