

FEC FORM 1

STATEMENT OF ORGANIZATION

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13 FEB -4 PM 3:03

Office Use Only

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

12FE4M5

Linda McMahon for Senate 2012 Inc.

ADDRESS (number and street)

1055 Washington Boulevard

(Check if address is changed)

Floor 5

Stamford

CITY

CT

STATE

06901-2219

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

sunghi.frauen@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Linda2012.com

2. DATE

01 / 31 / 2013

3. FEC IDENTIFICATION NUMBER

C00467100

4. IS THIS STATEMENT

NEW (N)

NEW (N)

OR

AMENDED (A)

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 Mrs. Sunghi P Frauen

Signature of Treasurer

Mrs. Sunghi P Frauen

Sunghi P. Frauen

Date

01 / 31 / 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.

Table with 5 columns and 1 row for 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)

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 Linda McMahon

Candidate Party Affiliation  REP  OFFICE Sought:  House  Senate  President State  CT District  00

- (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. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

13020082074

Write or Type Committee Name

Linda McMahon for Senate 2012 Inc.

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

NONE

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

Mrs. Sunghi P Frauen

Mailing Address

55 Upland Drive

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

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

Mrs. Sunghi P Frauen

Mailing Address

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

15020082075

Full Name of Designated Agent

Mailing Address

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.

Bank Of America

Mailing Address

1 Commercial Place

Floor 6

Norfolk

VA

23510-2103

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

First County Bank

Mailing Address

PO Box 740652

Cincinnati

OH

45274-0652

CITY

STATE

ZIP CODE

13025082976



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Linda McInerney for Senate 2012  
55 Upland Drive  
Greenwich, CT 06831*

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OFFICE OF PUBLIC RECORDS  
P.O. Box 77578  
Washington, DC 20013-7578



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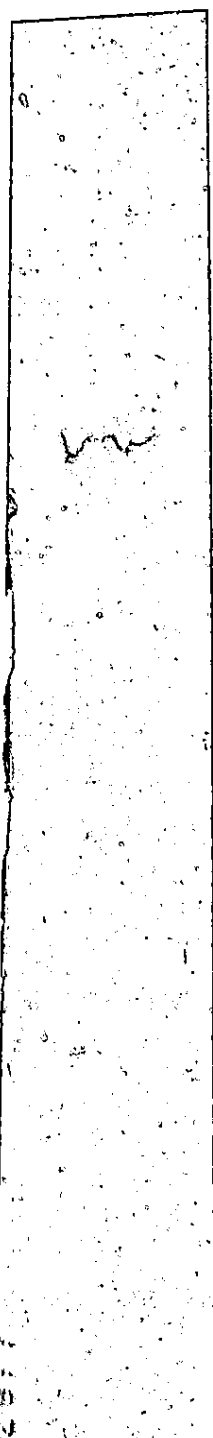
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# United States Senate

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AIRBORNE EXPRESS \_\_\_\_\_

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Date of Receipt

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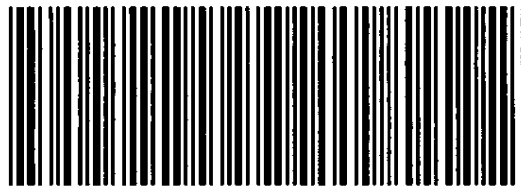
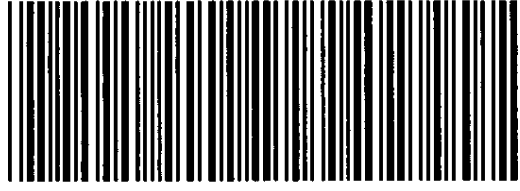
PREPARER

**RD**

DATE PREPARED

**02.04.13**

13020082978



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