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form should be filed after the Committee qualifies as a multica	ndidate committee.	RECEIVED FEC MAIL OPERATIONS GE	NTER
a) NAME OF COMMITTEE IN FULL] 2006 JUN -5 A	
The Commonwealth PAC	i pages gest,	The first and a second	
b) Number and Street Address 45 School Street c) City, State and ZIP Gode Boston, MA 02108		2. FEC IDENTIFICATION NUMBER OOYO 30 2 2 3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER	
STATUS BY AFFILIATION: The committee submon <u> </u>	alified as a multicandi		
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	butions to the five (5) federal candidates	s listed
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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 SIGNATURE OF TREASURER	DATE
Jessica L. Peterson	5/25/06_
NOTE: Submission of talse, erroneous, or incomplete information may subject the person signing this Statement to the per- ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	alties of 2 U.S.C. §437g.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

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