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Certified Mail, Return Receipt Requested

September 21, 2007

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Re: Conversent Communications, Inc. PAC, FEC No. C00413328 —

Amendment of Statement of Organization

Dear Sir or Madam:

An Amended Statement of Organization, FEC Form 1, is enclosed for filing.

Please do not hesitate to contact me at 781-522-8773 if you have any questions.

Veryltrally yours,

James P. Prenetta, Jr.

27639530143

FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER 7

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					_	Office Use Only	
1. NAME OF COMMITTEE (in full)	0.11	ck if name anged)	Example:If typing over the lines.	, type	LŽFĚ4M5		
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COMMITTEE'S FAX NUME 7,8,1]-[5,2,2]-[1							
2. DATE OF	17 20	2.3					
3. FEC IDENTIFICATIO	N NUMBER ►	CO	<u> </u>	8			
4. IS THIS STATEMENT	NEW (N)	OR	AMEND	ED (A)			
I certify that I have examin	ned this Statement a	nd to the bes	st of my knowledge ar	nd belief it is	true, correct	and complete.	, .
Type or Print Name of Tre	asurer Fric	10, S	wanholm				
Signature of Treasurer	Jul A			Da	ate 0	777	\\$003¥
NOTE: Submission of false,	·		n may subject the person			•	2 U.S.C. §437g.
Ciffice Use Only			For further in Federal Electio Toll Free 800-4 Local 202-694-	424-9530	act:	FEC FC	

	FEC For	rm 1 (Revised 02/2003)	Page 2
5.	TYPE OF C	OMMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	on Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)		ocratic, blican, 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 segregation committee.	ated fund or party
6.	Name of An	y Connected Organization or Affiliated Committee	······································
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		$WA_1L_1T_1H_1A_1M_1$ $U_1Z_1Y_1S_1$	<u> </u>
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Relationship	CONNECTEO.	11111
	Type of Con	nected Organization:	
	Corp	poration Corporation w/o Capital Stock Labor Organization	n
	Mem	nbership Organization Trade Association Cooperative	
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	FEC Form 1 (Revised	02/2003)		Page 3
W	/rite or Type Committee Nam	e		····
7.	Custodian of Records: Ide	entify by name, address (phone number o	optional) and position of the pe	rson in possession of committee
	Full Name	ES PO PRETTA	•	
	Mailing Address	1220 18EAR HJLL	RO	
		WALTHAM	M.A	0,2,4,5,1-
	Title or Position▼	CITY 🛦	STATE ▲	ZIP CODE ▲
	A.S.S.I.S.T.A.N.T	I TIRIEIAS URRIEIR	Telephone number [7_1	811-522-81773
3.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of tassistant treasurer).	the treasurer of the committee;	and the name and address of
	Full Name of Treasurer			
	Mailing Address			
				<u> </u>
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone number	
	Full Name of Designated Agent JAM	ES P. PRENETTA	,	
	Mailing Address	12,2,0, 18,E,A,R, 14,J,L,L	<u> </u>	
		MALLTHAM	M,A	0.2.4511-
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
	A.S.S.I.S.T.A.MT	TREASILRER	Telephone number 1	8,11-15,221-18,7,731

FEC	Form 1	l (Re	vised	02	200)3)	 																							_		Pag	je	<u>4</u>		
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Name of	Bank, [epos	itory,	etc	•																															
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CITY A

ZIP CODE A

STATE A

(3/2005)

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Feel Gx Overnight Delivery Service (Specify): Next Business Day Delivery L **Date of Receipt** 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 or Postmarked Other (Specify):