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FEC FORM 1

STATEMENT OF ORGANIZATION

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) ▼ ☐ (Check if address is changed)

PO BOX 5136

NEWTOWN CT 06881-5136

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

203-221-6258

2. DATE 07 19 2005

3. FEC IDENTIFICATION NUMBER ▶ C

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 07 19 2005

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.

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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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