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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Exemplar: typing, type over the lines. 12FE4MS

[illegible] CAPRI 5 CAPANO for Congress Committee

3448 Mentor Ave

ADDRESS (number and street)

☐ (Check if address is changed)

Mentor [illegible]

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

[illegible]

COMMITTEE'S WEB PAGE ADDRESS (URL)

[illegible]

COMMITTEE'S FAX NUMBER

[illegible]

2. DATE 01 20 2004

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 Ronald G. Silvestri

Signature of Treasurer [signature] Date 01 20 2004

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

Office Use Only				

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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