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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

4TH CONGRESSIONAL DISTRICT DEMOCRATIC
COMMITTEE

ADDRESS (number and street)

2650 SOUTH 152 HIGHWAY

X (Check if address is changed)

LOWOSSO

MA 01886

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

barbara_gail_lewis@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 29 2007

3. FEC IDENTIFICATION NUMBER ► C00099465

4. IS THIS STATEMENT NEW (N) OR X 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 G. LEWIS

Signature of Treasurer

Barbara G. Lewis

Date

01 31 2007

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
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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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Federal Election Commission
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Er *2/5/07*
PREPARER **DATE PREPARED**

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