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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

LYNDON LAROUCHE POLITICAL ACTION

ADDRESS (number and street) ▼ PO BOX 6157

[ ] (Check if address is changed)

LEESBURG VA 20177-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C00309567

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 M. BOYD

Signature of Treasurer Barbara M. Boyd Date 07 29 04

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)