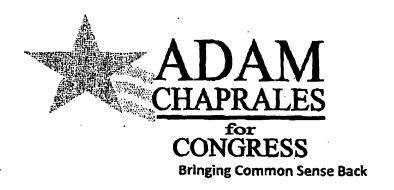
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DATE // APRIL 2012 FAX# 202 - 219 - 0174 TO FEDERAL ELECTIONS COMMISSION TTEN: PUBLIC RECORDS NUMBER OF PAGES INCLUDING COVER SHEET FROM JOHNE GOMES (Campaign MANAGER) COMPANY COMMITTEE TO ELECT ADAM CHAPROLES **MESSAGE** TATEMENT OF ORGANIZATION COMMITTEE

AMERICA'S ONE STOP PACKAGING AND SHIPPING SERVICE CENTER



"I represent that I am the dully appointed treasurer and have authority as such to sign FEC reports for the above committee."

Dana Snyder

Treasurer

(508) 208-5605

4-9-12

P.O. Box 554 West Barnstable, MA 02668

Committee to Elect Adam Chaprales

www.adamforcongress.com

For help completing Form 1, please double-click the

icon next to each line number.

FEC FORM 1			TEMEI GANIZ				Office Use Only	
1. NAME OF COMMITTEE (in	full)		ck if name anged)		ple:If typing, type he lines.	12FE4M	nimari nenzi menlikining	
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(Check if address is changed)		West Barnstable Ma 2668						
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COMMITTEE'S E-M/	VL ADDRES	3S (Please pro	vide only one e	-mail add	resa)			
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3. FEC IDENTIFI	CATION N	UMBER	EC.		क्षित्र प्रदेशकार के बन्दर निर्माण क्षित्र के किया है। हैं इस्ति के प्रदेशकार की का तथा कर कर कर की			
4. IS THIS STATE	MENT 🗵	NEW (N	OR		AMENDED (A)			:
I certify that I have	examined to	his Slaloment	and to the be	st of my l	nowledge and belief	it is true, con	rect and complete.	
Type or Print Name	of Treasure	Dana	Snyde	er				
Signature of Treasu	rer S			en e		Date (Ĉ	09	[′] 2012
NOTE: Submission o	f Jaise, erron		•		ject the person signing		•	of 2 U.S.C. §437g.
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC F	ORM 1 02/2009)

FEC Form 1 (Revised 02/2009) Page 2					
TYPE OF COMMITTEE					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate Adam Chaprales					
Candidate Party Affiliation Rep Sought: X House Senate President District 09					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State (Democratic, or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
Corporation % Corporation w/o Capital Stock 1 Labor Organization					
2000 7 AVA(Q					
Mombership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC.					
(i) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party					
pro					
\$0.00°					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint FundraisIng Representative:					
(g) This committee collects contributions, pays fundraising expenses and disburses not proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h) This committee collects contributions, pays fundraising expenses and dieburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1. FEC ID number C					
2. FEC ID number C					
3.					
4.					
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FEC Form 1 (Revised 0	2/2009)	•		Page	3
Write or Type Committee Name		·····		rage	
	ect Adam Chaprales	S			
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books and records.	ntily by name, address (phone number	obtional) and positii	on of the persor	n possession o	COMMITTOR
Full Name				<u> </u>	
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Title or Position	CITY		STATE	ZIP CODI	5
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		Telephone num	nber -		
8. Treasurer: List the name an	d address (phone number optional)	of the treasurer of the	committee: and	I the name and a	ddress of
any designated agent (e.g.,	assistant treasurer).				
Full Name Dana of Treasurer	Şnyder	<u> </u>	1 1 1 1		
Mailing Address	49 Main St Apt E	<u> </u>	<u> </u>	<u> </u>	
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FEC Form 1 (R	Bevised 02/2009)	Page 4
Full Name of Designated Agent JO	ἡn E.,Gomes	
Mailing Address	104 Antone Avenue	
	East Falmouth MA	02536, -4904 ZIP CODE
Title or Position	020pr	1509 1202 16140
Campaign Mar	nager Telephone number	508
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Federal Election Commission ENVELOPE REPLACEMENT PAGE

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