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FEC

STATEMENT OF ORGANIZATION

208 MAY 27 AM 8: 48

FORM 1	UHG	ANIZA	MON						
1. NAME OF COMMITTEE (in		il name ged)	Example: over the	If typing, ty lines.	/pe	12FE4M	Office Use (<u>Inly</u>	
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is changed)	LAKE	FORES	T P	A.R.K.		MA	19819	<u>8</u> - <u>6</u> 6	3 1
	V	С	ITY			STATE	ZIF	CODE	
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COMMITTEE'S FAX I	NUMBER								
1206-1363	1-175751					•			
	20 200	8							
3. FEC IDENTIFIC	ATION NUMBER	C.O.	297	07	}				•
4. IS THIS STATEM	IENT NEW (N)	OR		AMENDED	(A)				
I certify that I have ex	xamined this Statement and	to the best o	of my knowl	edge and b	elief it is	true, correc	t and comple	le.	
Type or Print Name o	Treasurer TERY	9LP	E,	PARL	Εγ	. <i>2</i> 1 12.		. at a se to pe ann the one	······································
Signature of Treasure	Jeralo	A	2/1	2	. 0	vate Ö	5 2,0	20	80
NOTE: Submission of la	alse. erroneous, or incomplete			Ŋ	ŀ			of 2 U.S.C. §	437g.
Office Use Only			Feder Toll Fi	arther inform al Election Co ree 800-424-9 202-694-1100	omnission 1530	tact:		ORM 1	

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TYP	E OF C	OMMITTEE	
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the car	ndidate information below.)
(b)	i i i i i i i	This committee is an authorized committee, and is NOT a principal conformation below.)	ampaign committee. (Complete the candidate
Nam Can	e of didate		
	didate / Affiliati	Office Sought: House Sena	State
(c)		This committee supports/opposes only one candidate, and is NOT an	authorized committee.
Nam- Cano	e of lidate		
Par	ty Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of	the (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization)	anization on line 6.) Its connected organization is a
	•	Corporation Corporation w/o Ca	apital Stock Labor Organization
٠		Membership Organization Trade Association	Cooperative
(f)	Your S	This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
		In addition, this committee is a Leadership PAC. (Identify sponso	or on line 6.)
Join	t Fund	raising Representative:	
(g)	۳.	This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized committee.	
(h)		This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a	burses net proceeds for two or more political
	£	committees/organizations, none of which is an authorized committee of a	recerai candidate.
	Comi	nittees Participating in Joint Fundraiser	ere comment of emphasizing the larger of the larger of the comprehending states in
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	5.	FEC	C ID number C.

	FEC Form 1 (Revised	12/2007)				Pa	ge 3
v	Vrite or Type Committee Name	e	-				
	CONSUMER	FIREWORKS	SAPETY	NSSO	TAIX	ON PA	CPED _
6.	Name of Any Connected (Organization, Affiliated Comm	ittee, Leadership F	AC Sponso	r or Joint F	undraising Repre	sentative
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L							
	Mailing Address	116576 SHOR	H DRIV	E N	£		
				<u> </u> <u> </u>			
		LINKE FORES	TI PIRIZIK		STATE	981551- ZIP CO	•
	Relationship:			:			
	Connected Organization	Affiliated Committee	Leadership R	AC Sponsor	Joint	Fundraising Repre	esentative
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone i	number optional)	and position	of the pers	on in possession	of committee
	Full Name LIELS	LD F FARLE	· Y	<u> </u>		<u>i I I I I I I I I I I I I I I I I I I I</u>	نسب
.tr.25	Mailing Address	11.65.26 SNOR	F DRIV	E N	E	بوا خطيا العا	
			<u> </u>		<u> </u>		
		LAKE FORES	TIPAIRK		MM	1581551-	E6311
	Title or Position	· CITY		s	TATE	ZIP COI	DE
	EXECUTIVE	DIRECTOR	Tele	phone numbe	er [2]0	W-17131-	3388
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number opi assistant treasurer).	tional) of the treas	urer of the co	ommittee; ar	nd the name and a	address of
	Full Name of Treasurer UERA	LD. F. FARLE	!	<u> </u>		<u> </u>	1 1 1
	Mailing Address	116526 5NOR	E DRIV	ELALI	ELLL	. <u> </u>	
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		LAKE FORES	7 PARK		IATE	96) 55 - ZIP COD	-
	Title or Position ILLE ASULER	Langua 1999 - Ing Land Language	Telep	hone numbe	ı	6 713	3388
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Designated Agent	أل_ا		: :	. علم غلم المسلم		<u> </u>	المنالم		<u> </u>	<u></u>	
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Banks or Other	r Depositor	ies: List all bar	nks or other d	lepositories in	which the	e commit	tee deposit	s funds,	, holds a	ccounts, re	ents
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	irmation™ Label
USPS Express Mail	Postmarked
Col o Express Wall	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Lucy	5/27/08
PREPARER (3/2005)	DATE PREPARED
(3/2005)	