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FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER
2009 APR 30 A 8: 49

Iffice Use Only

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| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | ego visigens Suide | | | | | | | | | |
| Friendsof | Frank Guin | ta | | | | | | | | | | | |
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| | | CITY | STATE | ZIP CODE | | | | | | | | | |
| COMMITTEE'S E-MAIL ADDRE | :SS (Please provide only one € | -mail address) | | | | | | | | | | | |
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| 2. DATE 0 4 2 | 0 2009 | | | | | | | | | | | | |
| 3. FEC IDENTIFICATION N | UMBER C. | ture luxullare leves | | | | | | | | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A | N) | | | | | | | | | | |
| I certify that I have examined t | his Statement and to the bes | t of my knowledge and beli | ief it is true, correc | t and complete. | | | | | | | | | |
| Type or Print Name of Treasure | er Lovis I | S. DeMa | <i>া</i> | | | | | | | | | | |
| Signature of Treasurer |) do | <u>/</u> . | Date O | 1 29 2009 | | | | | | | | | |
| NOTE: Submission of false, error | neous, or incomplete information ANY CHANGE IN INFORMATION | | _ | the penalties of 2 U.S.C. §437g. | | | | | | | | | |
| Office Use Only | | For further informati Federal Election Com Toil Free 800-424-953 | mission | FEC FORM 1 (Revised 02/2009) | | | | | | | | | |

| | TEC FO | m i (Hevised 02/2009) |
|--------------|-------------------------|--|
| TYPE | OF C | OMMITTEE |
| Can | | Committee: |
| (a) | X | This committee is a principal campaign committee. (Complete the candidate information below.) |
| (b) | į | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| Name Cand | e of lidate | Frank Guinta |
| | lidate | State N # |
| Party | Affiliati | on $\mathcal{Z}_{\boldsymbol{\mathcal{E}}}\rho$ Office Sought: X House Senate President District |
| (c) | X | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Cano | e of iidate | Frank Guinta |
| Pari | ty Con | nmittee: |
| (d) | | (National, State (Democratic, This committee is a result of the Republican, etc.) Party. |
| Poli | tical A | ction 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 |
| | | Membership Organization Trade Association Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| (f) | . : | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Join | t Func | iralsing Representative: |
| (g) | · | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h) | 777 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political |
| | · 85 1. | committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number C |
| | 2. | |
| | 3. | 1 ! |
| | J. | FEC ID number C |
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| <u> </u> | Nam | e of | Any | Conr | ecte | d Org | jani | zati | on, A | Affili | iated | d Co | omr | nitte | ee, . | Join | t Fu | ndra | aisi | ng l | Repr | ese | enta | tive | , or | Lea | der | ship | PA | c s | pon | sor | |
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| | Rela | tionsl | nip: | C. C | onne | ted (| Orga | aniza | ation | | Affil | liate | d Co | omn | nitte | е , | J | oint | Fur | ndrai | sing | Re | pres | sent | ativ | e '' | [₽] Lo | eade | ershi | ip P | AC : | Spon | sor |
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| 7. | | | | Reco | ds: I | dentif | y by | y na | me, | add | ress | (ph | one | nu | mbe | r | opt | onal | l) a | nd p | ositi | on | of t | he p | oers | on i | n po | sse | ssio | n of | co | mmit | tee |
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| Full Name of Designated Agent | ouis, D. DeMs | to | |
|--|---|-----------------------------|---------------------------|
| Mailing Address | 101 (restrict Pa | <u> </u> | |
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| | (Michayleston !!!! | WH C | 3134- |
| | CITY | STATE | ZIP CODE |
| Title or Position | Tel | ephone number | 3-674-2326 |
| Banks or Other Deposits safety deposit boxes or Name of Bank, Deposito | | the committee deposits fund | ls, holds accounts, rents |
| TD | BankNorth | | |
| Mailing Address | BOD Franklin Sti | 16 et | |
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| | CITY | STATE | ZIP CODE |

Name of Bank, Depository, etc.

Mailing Address

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29030082478

FEC Form 1 (Revised 02/2009)

CITY

STATE

ZIP CODE

Page 4

PREPARER

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):

DATE PREPARED