Massachusetts Republican Party

Jim Rappaport
Chairman

617-725-1996
800-622-VOTE
617-367-7342 FAX

114 State Street • Boston, Massachusetts • 02109

RECEIVED FEDERAL ELECTION COMMISSION
JAN 30 10 12 AM '97

January 23, 1997

Ms. Debbie Manzano
Reports Analyst
Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Room 709
Washington, D.C. 20463

Dear Ms. Manzano:

Enclosed is a copy of the January 31, 1997 FEC Report for the Massachusetts Republican Party.

Please call me if you have any questions.

Very truly yours,

Ginny Coppola

Ginny Coppola

GC/s
Enclosure

p.s. Also included is FEC Form 1 Statement of Organization - New Treasurer.

GC

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
MASSACHUSETTS Republican STATE Committee

(b) Mailing Address ☐ (Check if address is changed)
114 STATE STREET

(c) City, State and ZIP Code
Boston, MA 02109

2. DATE
1-28-97

3. FEC IDENTIFICATION NUMBER
C 000 426022

4. IS THIS STATEMENT AN AMENDMENT? ☑ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (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	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee

☑ (d) This committee is a STATE (National, State or subdivisions) committee of the Republican (Democratic, Republican, etc.) Party.

☐ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
LAWRENCE P. NOVAK 617-722-[illegible]556	114 STATE STREET BOSTON, MA 02109	TREASURER

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
LAWRENCE P. NOVAK	114 STATE ST, BOSTON, MA 02109	TREASURER
ALFRED FONDACARO, JR	34 Boynton Rd, Medford, MA 02155	ASST. TREAS.

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
FLEET BANK	75 STATE STREET BOSTON, MA 02109

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	SIGNATURE OF TREASURER	DATE
LAWRENCE P. NOVAK	Lawrence P. Novak	1-28-97

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.

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)