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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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(Check if address is changed)	WASHINGTON		DC 20036 4101
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سسسس			
COMMITTEE'S FAX NUM	IBER		
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2. DATE	· •••• · ••••		
3. FEC IDENTIFICAT	ON NUMBER > C	00246827	
4. IS THIS STATEMEN	IT NEW (N) OR	AMENDED (A)	
I certify that I have exam	nined this Statement and to the bes	it of my knowledge and belief	it is true, correct and complete.
Type or Print Name of T	reasurer—Assistant	George T.	Cody, Ph.D
Signature of Treasurer	- Assistant	erge T. Cody P	Q _{ate} 04 04 2008
NOTE: Submission of fals		n may subject the person signin	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
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