



2009 APR -9 A 10: 48

Ocean Spray Cranberries, Inc.

One Ocean Spray Drive Lakeville-Middleboro, MA 02349 (508) 946-1000 Fax: (508) 946-7304

April 7, 2009

Federal Election Commission 999 E Street, NW Washington, DC 20463

RE: Ocean Spray Political Action Committee

FEC Identification No.: C-00114702

To whom it may concern:

Enclosed please find a Statement of Organization FEC Form 1 dated April 7, 2009 regarding the above referenced Committee.

Please contact me at 508-946-7823 if you require additional information.

Sincerely,

Judith E. McEachern

Treasurer

29030063812

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED TEC MAIL CENTER

2009 APR -8 A 4: 04

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Qcean, Spray, Cran	berries, Lnc., Po	olitical Action	, Gommittee ,	
				
ADDRESS (number and street)	One Ocean Spra	yı Drive		ليتبينا
(Check if address	L			
is changed)	Lakeville-Midd	leboro	MA 02	349,]-[]
	С	ITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e-n	nail address)		
. (Check if address	_jmceachern@oce	anspraylom	11111	
is changed)				لحسيست
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Chapte if address				
(Check if address is changed)			<u> </u>	
2. DATE 10 '1979'				
3. FEC IDENTIFICATION NUMBER C 00114702				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
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 Judith E. McEachern				
Signature of Treasurer Quality & M. Cachern Date 04 07 2009				
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.				
Office Use		For further information c Federal Election Commissi Toll Free 800-424-9530	ion	EC FORM 1 (Revised 02/2009)

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FFC For	ກ 1 (Revised 02/2009)	
TYPE OF CO		rage Z
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. (Cominformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliatio	Office n Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
leint Eund	aising Representative:	
	•	ue er more political
(g)	This committee collects contributions, pays fundralsing expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Comm	nittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.		
2. 3.		

FEC Form 1 (Revised (n2/2nna\	Page 3
Write or Type Committee Name		i ayo u
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	<u> </u>	1 1 1 1 1
Mailing Address		
	CITY STATE ZII	P CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name	h El McEachern I I I I I I I I I I I I I I I I I I I	
Mailing Address	One Ocean Spray Drive	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	Liakeville-Middleboro MA 02849	<u> </u>
Title or Position	CITY STATE ZII	CODE
Treasurer	Telephone number 508 - 94	6 - 7823
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer Judit	h E. McEachenn	
Mailing Address	One Ocean Spray Drive	
Title or Cosition	CITY STATE ZIE	CODE
Title or Position	Telephone number 508 - 946	7823

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent Alana	alSharenowlllllllll		
Mailing Address	One Ocean Spray Drive		
	Lakeville-Middleborg	MA STATE	023491 - LILI ZIP CODE
Title or Position			
Assistant Trea	<u>surer I I I I I I Telepho</u>	one number 508	J- <u>1946</u> J- <u>173</u> 21
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			
			
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	СІТҮ	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address			
		ا ليا لـ	
	СПҮ	STATE	ZIP CODE

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	OR INCOMIN	
Hand Delivered		Date of Receipt
USPS First Class Mail		Postmarked
USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail	·	Postmarked
Delivery Confirmation™ or S	Signature Con	firmation™ Label
USPS Express Mail		Postmarked
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	ups	Shipping Date 4/7/09
	Next Busin	ess Day Delivery
Received from House Records & Registra	ation Office	Date of Receipt
Received from Senate Public Records Off	fice	Date of Receipt
Received from Electronic Filing Office		Date of Receipt
Other (Specify):	Date of	Receipt or Postmarked
EL	-	4/9/09
PREPARER (3/2005)		DATE PREPARED