24038514828

FEC FORM 1

STATEMENT OF ORGANIZATION

[illegible] CENTER

2004 SEP 16 A 11:21

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

ENVIRONMENTAL ACTION PAC

ADDRESS (number and street) 8 HALIFAX STREET

(Check if address is changed)

JAMAICA PLAIN MA 02130-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

carolynwhipple@juno.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.environmentalactionpac.org

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE 09 15 2004

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ✓ NEW (N) OR 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 CAROLYN M. WHIPPLE

Signature of Treasurer [signature] Date 09 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 3 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-0530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

R3/06/042-PDF

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: House Senate President | State | District

(c) ✓ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate George W. Bush (opposing); John F. Kerry (Supporting)

(d) This committee is a (National, State or subordinate) committee of the (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

none

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

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: CAROLYN MARIE WHIPPLE

Mailing Address: 8 HALIFAX STREET

JAMAICA PLAIN | MA | 02130-

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 617-529-1099

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 of Treasurer: CAROLYN MARIE WHIPPLE

Mailing Address: 8 HALIFAX STREET

JAMAICA PLAIN | MA | 02130-

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 617-529-1099

Full Name of Designated Agent:

Mailing Address:

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼:

Telephone number:

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.

CITIZENS BANK

Mailing Address

40 SUMMER STREET

BOSTON MA 02110-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038514832

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER

9-16-04
DATE PREPARED

(5/2004)