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FEC	STATEMENT		RECEIVED -
FORM 1	ORGANIZATI	ON 2008	MAY 21 AN ID: 58 Office Use Only
1. NAME OF COMMITTEE (in full)		ample: If typing, type 12FI or the lines.	و المراجع المر المساحة المراجع ا المساحة المراجع
OIL FREED	OM NOW PAC		· · · · · · · · · · · · · · · · · · ·
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ADDRESS (number and street	130 SHORE N	<u>- P</u>	<u></u>
(Check if address	SUITE 124 V	IA FORMAN 6	ROUP
; is changed)	PORT WASHIN	6,70,N, N	11,0,50-
	CITY	STATE	ZIP CODE
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COMMITTEE'S WEB PAGE	ADDRESS (URL)		1
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COMMITTEE'S FAX NUMB			
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3. FEC IDENTIFICATION		an ang sang sang sang sang sang sang san	
4. IS THIS STATEMENT		AMENDED (A)	
I certify that I have examine	d this Statement and to the best of my	knowledge and belief it is true,	correct and complete.
-	Palas A I		
Type or Print Name of Treas			<u> </u>
Signature of Treasurer	Vele 1 2-	Date	05 16 2008
NOTE: Submission of false, e	rroneous, or incomplete information may so ANY CHANGE IN INFORMATION SH		
Office		For further information contact:	
Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
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FEC Form 1 (Revised 12/2007)

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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. (Complete the candidate information below.) Name of Candidate Party Affiliation Office Party Affiliation Office Party Affiliation Office Party Affiliation Office Party Committee Uperior candidate, and is NOT an authorized committee. Name of Candidate (c) This committee is a Party Committee: (National, State (d) This committee is a Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation wito Capital Stock Labor Organical Committee (I.e., nonconnected committee) (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polic committees organizations, at east one of which is an authorized committee of a federal candidate. (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polic committees/organizations, none of which is an auth	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate Information below.) Name of Candidate Candidate Candidate State Party Affiliation Office State President District District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (National, State (d) This committee is a Political Action Committee (PAC): (National, State (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (f) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee (i.e., nonconnected committee) (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/aparizations, at least one of which is an authorized committee of a federal candidate. (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees organizations, none of which is an authorized committee of a federal candidate. (h) This c	
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Write or Type Committee Name

6.	Name of Any Connected (Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsing Representative
۱A		
	Mailing Address	<u>.</u>
		CITY STATE ZIP CODE
	Relationship:	
	Connected Organization	Affiliated Committee
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
		ERA- FORMAN
	Mailing Address	130 SHORE RO
	Maining Address	SUITE 124 VIA FORMAN GROUP
		PORT WASHINGTON NY 11050-
	Title or Position	CITY STATE ZIP CODE
	TREASURER	Telephone number $5[6] - 7[7] - 0.000$
8.	Treasurer: List the name an any designated agent (e.g.,	ad address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	ER A. FORMAN
	Mailing Address	130 SHOKE RD
		SUITE 124 VIA FORMAN GROUP
		CITY STATE ZIP CODE
	Title or Position	
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	NEW, YORK,		4 1.992 1-1.
	12ND FLOOR T.		
Mailing Address	19,8,0, MAD,1,50,N,		
	FIDELITY INVESTI		
Name of Bank, I	epository, etc.		
	Depositories: List all banks or other depositoria	es in which the committee dep	posits funds, holds accounts, rents
<u></u>			
	ANT	Telephone number	519-944-757
Title or Position	CITY	STAT	
	PORT, WASHING		4 11,10€01-1
Mailing Address	ILI3.0, SHOGE R.		E, 1,24,
Agent	CLIFFORD CHISWIC		

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