FEC FORM 1			TATEM RGAN				Office Use Only
1. NAME OF COMMITTEE (in t	full)		Check if name changed)		ample:If typing, type er the lines.	12FE4N	province of
ONE COM	NUNI	CAT	IONS,	COR	A PAC	<u> </u>	
<u> </u>			1 1 1 1 1			111111	
ADDRESS (number and	street)	15 W	ALL S	SITIRE	ET	<u> </u>	
(Check if address is changed)		<u></u>	<u> </u>	<u> </u>	1 1 1 1 1 1	<u> </u>	
		BURLINGTION				<u> Mia</u> j	01803
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL	. ADDRES	S (Please	provide only o	ne e-mail a	ddress)		
(Chock if a	droce		<u> </u>	<u> </u>	<u> </u>	1	
(Check if address is changed)			<u> </u>		<u> </u>	<u>.i. l. i. '. l</u>	
		DE00 415					
COMMITTEE'S WEB F	AGE AUU	1 (UF	1L)				
(Check if address is changed)		<u> </u>	 	<u>ill</u>		<u>. i. i</u>	<u> </u>
		<u> </u>	 	<u>.l.l</u>	_	<u> </u>	
2. DATE) ô.) (a	009				
3. FEC IDENTIFICA	ITION NU	MBER	<u>į</u> c	004	13328	•	
4. IS THIS STATEMI	ENT	NEW	(N) OF	3 <i>¶</i>	AMENDED (A)	
I certify that I have ex	amined thi	s Stateme	nt and to the	best of my	knowledge and belie	ef it is true, corre	ect and complete.
Type or Print Name of	Treasurer	R	aymon	d B	Ostros	ski _	·
Signature of Treasurer		DU.	UB	H	1000	Date	0 07 2009
NOTE: Submission of fa			•	-	bject the person signi	-	to the penalties of 2 U.S.C. §437g.
Office Use Only					For further information Federal Election Communication Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)

Committees Participating in Joint Fundraiser

1.

5. TYPE OF COMMITTEE Candidate Committee:

State State
•
emocratic, publican, etc.) Pai
Labor Organizatior Cooperative
ooperave
egated fund or pa

Page 2

FEC ID number C

FEC ID number C.

FEC ID number C

FEC ID number C

Name of f	eted (Organization,	Affiliated C	ommittee, Jo	oint Fundraisi	ing Repr	esenta	tive, c	or Lea	derst	nip PA	C Sp	onso
heef	っ <u>恒</u>	CICIA!TII	OINISI	CORP			1 :			! j			
> 8	5	<u> </u>								1 !	!		1.
Connex		5 WA	4115	TREE	1				<u>Li</u>			1.	Ĺ
or med		111					<u> </u>			Li	į	!	
		BURL	INGIT	OMI	: !	1	MA	¥	0	8	0.3	-	
		1		CITY		- 	STAT				ZIP C		
Custodian of Rec		ntify by name,	address (pł	none number	optional) a	nd positio	on of th	e per	son i	n pos:	sessio	n of c	omm
Full Name	Raya	45ND											i_
Mailing Address		5 WA	LL S	TREE	<u>T </u>	<u> </u>	<u> </u>	<u>' </u>				!	<u>!</u>
					1111	<u></u>		1_1_	<u> </u>		<u></u>	1	L_
		$(\mathbf{K},\mathbf{I}),\mathbf{K},\mathbf{I}_{\perp}$	INGT	ON	Llii	1	MA	[$\Box Q$		03	-1	:
		G: 1 S S S						_		<u> </u>			
Title or Position				CITY			STATE	_	<u> </u>		ZIP C		
Title or Position	LRER		C	CITY		one num		_		2	ZIP C		<i>8</i> a
_	e name and	d address (pho		CITY	Teleph	one num	ber	12.8	7/	- 13 .	ZIP CI	DDE -[5	
Treasurer: List the any designated ag	e name and gent (e.g., a	d address (pho	one number	· · · optional) o	Telepho of the treasure	one num	ber commil	1 7 .8	and th	- 3 .	ZIP CI	- 5	ess (
Treasurer: List the any designated ag	e name and gent (e.g., a	d address (pho	one number urer).	optional) o	Telepho of the treasure	one num	ber commil	1 7 .8	and th	- 3 .	ZIP CI	- 5	ess (
Treasurer: List the any designated agree of Treasurer	e name and gent (e.g., a	d address (phoassistant treast	one number urer).	optional) o	Telephore the treasure	one num	ber commil	1 2 :8	and th	e nan	ZIP CI	- 5	ess (
Treasurer: List the any designated agree of Treasurer	e name and gent (e.g., a	d address (phoassistant treast	one number urer). L.L. S. L.L. S.	optional) of	Telephore the treasure	er of the	commit	12:8	and th	e nan	me and	- 5	ess (

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Federal Election ENVELOPE REPLACEMENT PAG The FEC added this page to the end of the	E FOR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™	or Signature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date Date
Received from House Records & Regis	Date of Receipt stration Office
Received from Senate Public Records	Date of Receipt Office
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
ED	10/14/09
PREPARER (3/2005)	DATE PREPARED