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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MASSACHUSETTS COALITION FOR FREEDOM POLITICAL ACTION COMMITTEE (FEDERAL)

ADDRESS (number and street) 44 FARRINGTON ST #4

(Check if address is changed) C/O COUSIN

QUINCY MA 02171 2649

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER

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 Peter Sheinstad

Signature of Treasurer  Date 05 06 2002

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.

NATIONAL ARCHIVE

6. 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 _____

- (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

MASSACHUSETTS COALITION FOR FREEDOM _____

Mailing Address C/O COUSIN
44 FARRINGTON ST #4
QUINCY MA 02171-2849

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship PARENT _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Massachusetts Coalition for Freedom Political Action Committee (Federal)

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 ALAN H. COUSIN
Mailing Address 44 FARRINGTON ST #4
QUINCY MA 02171-2649

Title or Position CHAIRMAN
CITY QUINCY STATE MA ZIP CODE 02171-2649
Telephone number 617-680-8529

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 PETER SHEINFELD
Mailing Address 20 LEE ST
CAMBRIDGE MA 02139

Title or Position TREASURER
CITY CAMBRIDGE STATE MA ZIP CODE 02139
Telephone number 617-864-5447

Full Name of Designated Agent
Mailing Address

Title or Position
CITY STATE ZIP CODE
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.

SOVEREIGN BANK

Mailing Address

75 STATE ST

BOSTON

MA

02109

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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