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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check i		ample: If typing, type er the lines.	12FE4M5	
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	Optional Second	E-Mail Address	•		
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2. DATE 0.3 0.3 20.2					
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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					
Signature of Treasurer Date 10 31 10 31 12 02 11					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
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