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FEB 22 12 31 PM '94

February 17, 1994

Dawn Odrowski, Esq.  
General Counsel's Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Dear Dawn:

I enclose a new Statement of Organization substituting Mr. Leonard Aronson as Treasurer. I would be grateful if you could see that this gets into the right hands for filing.

I look forward to hearing from you at the earliest opportunity regarding how you intend to handle the AFSCME records which we have not see. I don't know what will be involved in this, and I have very much in mind the March 15 approaching deadline.

Sincerely,

*Daniel A. Taylor*  
Daniel A. Taylor

cc: Mr. Leonard Aronson (w/enc.)

Enclosure

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# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEB 19 1994  
 IDENTIFICATION NUMBER  
 12 31 16 94

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Dukakis For President Committee, Inc.</b>	2. DATE <b>January 19, 1994</b>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <b>c/o Aronson, 210 Kent Road</b>	3. IDENTIFICATION NUMBER <b>12 31 16 94</b>
(c) City, State and ZIP Code <b>Newton, MA 02168</b>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one) **\*both primary and GELAC**

(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 <b>Michael S. Dukakis</b>	Candidate Party Affiliation <b>Democratic</b>	Office Sought <b>1988 President</b>	State/District
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(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
<b>Mary Wong</b>	<b>483 Washington Street, Brookline, MA 02146</b>	<b>Assistant</b>

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	Mailing Address	Title or Position
<b>Leonard Aronson</b>	<b><del>210 Kent Road, Newton, MA 02168</del> P.O. Box 240, Brookline, MA 02146</b>	<b>Treasurer</b>

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.	Mailing Address and ZIP Code
<input checked="" type="checkbox"/> The primary committee has no accounts; the GELAC committee has accounts with USTrust.	

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 <b>Leonard Aronson</b>	SIGNATURE OF TREASURER 	DATE <b>FEB 15, 1994</b>
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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.

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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.

Hand Delivered

DATE OF RECEIPT

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DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

*SES*  
 PREPARER

*2-22-94*  
 DATE PREPARED

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