

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) NATURAL LAW PARTY of MASSACHUSETTS 2. DATE 2/9/96
 (b) Number and Street Address (Check if address is changed) 73 OLIVE ST. FEB 20 1 33 PM IDENTIFICATION NUMBER CO02171239
 (c) City, State and ZIP Code Ashland MA 01721-1406 4. IS THIS STATEMENT AN AMENDMENT? YES NO

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	State/District

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a State committee of the Natural Law Party of the United States of America 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.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<u>Natural Law Party of the United States of America</u>	<u>51 West Washington Fairfield, Iowa 52556</u>	<u>Affiliated</u>

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
<u>TREASURER</u>		

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
<u>Anna Mae Forsberg</u>	<u>73 Olive St. Ashland, MA 01721-1406</u>	<u>Treasurer</u>
<u>John, L. Lee</u>	<u>163 Rumford Ave, Mansfield, MA 02048-2141</u>	<u>Asst Treas</u>

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"/> <u>Middlesex Savings Bank</u>	<u>Ashland Square Ashland, MA 01721-1406</u>

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
<u>Anna Mae FORSBERG</u>	<u>Anna Mae Forsberg</u>	<u>2/9/96</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission
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[Signature]

PREPARER

2-20-96

DATE PREPARED

9 5 0 3 0 3 1 3 1