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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

KENNEDY - KENNEDY COMMITTEE

ADDRESS (number and street)

301 4TH ST NE

(Check if address is changed)

SUITE 202

WASHINGTON

DC

20002

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-546-2285

2. DATE

02

09

2006

3. FEC IDENTIFICATION NUMBER ▶

C00411678

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

KEITH D. LOWEY

Signature of Treasurer

Keith D. Lowe

Date

02

09

2006

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. 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 EDWARD M. KENNEDY AND PATRICK J. KENNEDY

Candidate Party Affiliation DEM 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

PLEASE SEE ATTACHED

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JOINT FUNDRAISING COMMITTEE

Type of Connected Organization:

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

26038994225

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.

CITIZENS BANK

Mailing Address

1720 S MAIN ST

SHARON MA 02067-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26038994227

Name of Any Connected Organization or Affiliated Committee:

- 1) Kennedy for Senate 2006 FEC ID #C00363978
301 4th St., NE
Suite 202
Washington, DC 20002

- 2) Friends of Patrick J. Kennedy, Inc. FEC ID #C00326140
P.O. Box 321
Pawtucket, RI 02862

2603844228

Write or Type Committee Name

KENNEDY-KENNEDY COMMITTEE

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 THOMAS K LOPACH

Mailing Address 301 4TH ST NE
SUITE 202
WASHINGTON DC 20002

Title or Position CITY STATE ZIP CODE

FINANCE DIRECTOR Telephone number 202-546-9494

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 KEITH D LOWEY

Mailing Address 124 WASHINGTON ST
SUITE 101
FOXBORO MA 02035

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 508-543-1720

Full Name of Designated Agent PHU HUYNH

Mailing Address 818 CONNECTICUT AVE NW
SUITE 1100
WASHINGTON DC 20006

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 202-728-1010

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 2/16/06
PREPARER **DATE PREPARED**

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