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## STATEMENT OF ORGANIZATION

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FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) CITY A ZIP CODE A STATE A COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 9.721-1717-9038 12 14 2006 FEC IDENTIFICATION NUMBER NEW (N) IS THIS STATEMENT AMENDED (A) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Brian Charneski Type or Print Name of Treasurer 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: For further information contact: FEC FORM 1 Federal Election Commission Ųsę (Revised 02/2003) Toli Free 800-424-9530 Only

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