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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FAIR SHARE ACTION 294 Washington St ADDRESS (number and street) Ste. 500 (Check if address is changed) **Boston** 02108 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@fsapac.org (Check if address is changed) Optional Second E-Mail Address plcampbell@runbox.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00526673 FEC IDENTIFICATION NUMBER > 3. X 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. KIRK, MAUREEN, , , Type or Print Name of Treasurer KIRK, MAUREEN, , , [Electronically Filed] 10 2020 Signature of Treasurer Date 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 Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee	Name	-
FAIR SHARE	E ACTION	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	TE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	the person in possession of committee
CAM Full Name	PBELL, PETER, , ,	
Mailing Address	294 Washington Street	
Ü	#500	
	BOSTON	A 02108
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e)	ne and address (phone number optional) of the treasurer of the comre.g., assistant treasurer).	nittee; and the name and address of
Full Name KIRK of Treasurer	, MAUREEN, , ,	
Mailing Address	294 WASHINGTON ST STE 500	
	BOSTON	A
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	

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Full Name of Designated Agent	KUNST, HEATHER, , ,	
	294 WASHINGTON ST STE 500	
Mailing Address		
	BOSTON MA 02108	
T01 D 20	CITY STATE	ZIP CODE
Title or Position ASST TREASL		
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc.	ds accounts, rents
Banks or Other safety deposit b Name of Bank, Mailing Address	Depository, etc. EASTERN BANK PO BOX 391	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. EASTERN BANK PO BOX 391	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. EASTERN BANK PO BOX 391	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. EASTERN BANK PO BOX 391	ZIP CODE
safety deposit b Name of Bank,	Depository, etc. EASTERN BANK PO BOX 391 LYNN MA 01903 CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. EASTERN BANK PO BOX 391 LYNN MA 01903 CITY STATE	
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