

2010 FEB -1 AM 11:52

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

KEITH LEPOR FOR CONGRESS

ADDRESS (number and street) PO Box 320241

(Check if address is changed)

WEST ROXBURY MA 02132

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

CAMPAIGN@KEITHLEPOR.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

KEITHLEPOR2010.COM

2. DATE 01 23 2010

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT X 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 ELIZABETH FLEMING

Signature of Treasurer Elizabeth Fleming Date 01 23 2010

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 02/2009)

10030240435



Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

ELIZABETH FLEMING

Mailing Address

48 BEACON ST 11R

[Empty grid lines for address line 2]

BOSTON

MA

02108-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

267-670-1275

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

ELIZABETH FLEMING

Mailing Address

48 BEACON ST 11R

[Empty grid lines for address line 2]

BOSTON

MA

02108-

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title/position]

Telephone number

267-670-1275

10030240437

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

SOVEREIGN BANK

Mailing Address

175 STATE ST

[Empty grid line]

BOSTON MA 02110-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

10030240438

Federal Election Commission  
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*ER*

*2/1/10*

PREPARER  
(3/2005)

DATE PREPARED

10030240439