

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

2001 JUL 16 P 1:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

The Sprague Committee

ADDRESS (number and street)

305 Elm Street

(Check if address  
is changed)

Walpole

MA

01981

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

To AnneJoAnnSprague.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ToAnneJoAnnSprague.com

2. DATE

07/11/2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

JANET M. FLANAGAN

Signature of Treasurer

Date

07/12/2001

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 800-424-9590  
Local 202-684-1100

FEC FORM 1  
(Revised 1/01)

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 Jonathan Sprague

Candidate Party Affiliation Rep. Office Sought  House  Senate  President State MA District 9th

- (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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

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 JANET M. FLANAGAN

Mailing Address 954 MAIN STREET

WALPOLE

MA 02081-2829

Title or Position TREASURER CITY WALPOLE STATE MA ZIP CODE 02081-2829

Telephone number 508-668-6168

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 JANET M. FLANAGAN

Mailing Address 954 MAIN STREET

WALPOLE

MA 02081-2829

Title or Position TREASURER CITY WALPOLE STATE MA ZIP CODE 02081-2829

Telephone number 508-668-6168

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

WALPOLE COOPERATIVE BANK

Mailing Address

1982 MAIN STREET

WALPOLE

MA

02081

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

