07 SEP -7 PH 1: 27

FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

\_\_\_

Office use only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typover the lines	12FE4M5	
Tarrant For Senate, Inc				
	111111	11111111	111111	
ADDRESS (number and street)	1009 Southview Drive	e 		
X (Check if address		1111111	111111	
is changed)	Richmond		L LYT L	05477
COMMITTEE'S E-MAIL ADDRES	SS	CITY 🛦	STATE.	ZIP CODE 🛦
sbursell@gmavt.net	<u> </u>	<u> </u>		
			_1_1_1_1_1_1	
COMMITTEE'S WEB PAGE ADD	RESS (URL)			·
	11111111			
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COMMITTEE'S FAX NUMBER  8024343314				
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3. FEC IDENTIFICATION NUM	· · · · · · · · · · · · · · · · · · ·	C C00412825	***************************************	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (	A)	
I certify that I have examined this Star	tement and to the best of my kno	wledge and belief it is true, cor	rect and complete	
Type or Print Name of Treasurer	Michael D. Flynn	0		
	B 10		Smirestonie	
Signature of Treasurer	rid oul V.		_ Date 08	13.01 à 0.0.7
NOTE: Submission of false, erroneou	us, or incomplete information may		-	s of 2 U.S.C. S437g.
Office Use		For further informated Federal Election Co	ommission	FEC FORM 1
Only		Toll Free 800-424-9 Local 202-694-1100	9530 0	(Revised 02/2003)

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FEOForm 1 (Revised 02/2003)

5.	TYPE (	TYPE OF COMMITTEE (Check One)											
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)										
	(b)		This committee		horized com	mittee, a	ind is NOT a	a principa	al campaign	commit	tee. (Comple	te the candidate	€
	Name ( Candid		Richar	d E. Tarr	ant		1 1 1	<u>l     l                               </u>		l	. _   _	1 1 1 1	
	Candid Party A	late Affiliation	REP		Office Sought:		House	×	Senate		President	State District	VT
	(c)		This committee	e supports/	opposes only	y one ca	ndidate, and	d is NOT	an authoriz	ed com	mittee.		
	Name o				<u> </u>		111.	<u> </u>			1 1 1 1	1 1 1 1 - 1 - 1 - 1 - 1	
	(d)		This committee	e is a			ational, Star r subordinat		ittee of the			(Democratic, Republican,et	tc.) Party.
	(e)		This committee	e is a sepai	rate segrega	ted fund							
	<b>(f)</b>		This committee committee.	e supports/	opposes mo	re than c	one Federal	candidat	te, and is No	OT a se	parate segre	gated fund or pa	arty
 6.	Name	of Any	Connected Or	ganization	or Affiliated	d Comm	ittee						
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					1		1   1	<u> </u>		ا	ــا لـ		
						CITY	<b>'</b> ▲			STATE	<b>A</b>	ZIP CODE	<b>A</b>
	Relatio	nship					111	<u>!                                    </u>	1.1.1				
	Type o	f Conne	ected Organizat	ion:									
		Corpo	ration			Corpora	ation w/o Ca	apital Sto	ck		Labor Orga	nization	
		Memb	pership Organiz	zation		Trade A	Association				Cooperative	•	

Page 2

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in

545 S. Prospect #40

Burlington

VT

FEC Form 1 (Revised 02/2003)

possession of Committee books and records.

Michael D. Flynn

Write or Type Committee Name

Tarrant For Senate, Inc.

Full Name

Mailing Address

Page 3

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9.	<ol> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ol>									nts														
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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, OC 20610-7118 PHONE: (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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