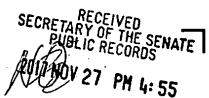
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## STATEMENT OF



FORM 1		ORGANIZ	ATION			91 21 PM 4:55
NAME OF COMMITTEE (in	tull)	(Check If name	Example: If ty		12FE4M5	office Use Only
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I certify that I have e	examined this Sta	itement and to the be	st of my knowledg	e and belief it	is true, correct an	d complete.
Type or Print Name	of Treasurer	4 Gx TSi	mema	4		
Signature of Treasure	er			<del></del>	Date [ ]	13.5 2017
NOTE: Submission of		or incomplete information				penalties of 52 U.S.C. §30109

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