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## 2010 OCT 18 PM 12: 37 FEC MAIL CENTER

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

			<u> </u>	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5 5
Coalition	For Social	Justice P	AC	
ADDRESS (number and street)	56 NOL Mai	in St.		
(Check if address	Fell Aire			
is changed)	Fall Rive	<u> </u>	MA	02740-
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one $\epsilon$	e-mail address)		
(Check if address	ldgi lhange	Pallican	1 1 1 1	
(Check if address is changed)		<u></u>	 <u></u>	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
		<u> </u>	1 1 1 1 1	
(Check if address is changed)	1		1 1 1 1 1	
	<u> </u>			
2. DATE	0 : / Y : V : V : V	ال علم السيد		
10 1	3 2010 4			11
3. FEC IDENTIFICATION N		20485839		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the bes	it of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name of Treasure	or Den Cribary	lbarg		
<i>"</i>	) . m			THE PROPERTY OF A STANFACTOR OF
Signature of Treasurer	San Critisang		Date 🧳	0 13 2010
NOTE: Submission of false, errone		may subject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use Only	Ko Z	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

		OMMITTEE :					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)							
Name Cand							
	l <b>idate</b> Affiliati	on Office State Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Parl	y Con	nmittee:					
(d)	**	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	•	Corporation Corporation w/o 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 party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	draising Representative:					
(g)	w	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.					
(h)	;=====================================	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Corr	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number C					
	4	I I I I I I I I I I I I I I I I I I I					

Write or Type Committee Name  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor  Application of Application of Application of Affiliated Committee of Type Connected Organization of Committee of Type Connected Organization of Affiliated Committee of Type Connected Organization of Committee of Committee of Type Connected Organization of Committee of Connected Organization	FEC Form 1 (Revise	d 02/2009)	Page 3
Mailing Address  Title or Position  Mailing Address  Title or Position  Mailing Address	Write or Type Committee Na	me	
Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Liston Ayaus St  Telephone number  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Again and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Mailing Address  Again  Again  Again  Telephone number  Again  Again  Telephone number  Again  Telephone number  Again  Telephone number  Title or Position  Title or Position	6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Liston Ayaus St  Telephone number  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Again and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Mailing Address  Again  Again  Again  Telephone number  Again  Again  Telephone number  Again  Telephone number  Again  Telephone number  Title or Position  Title or Position	Gorbian 1	for Social Mustice	<u> </u>
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 Address  Liston Repairs Address  Liston Representative Leadership PAC Sponsor  Leadership PA			
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 Mailing Address  Li S(a) Rugan Sf  Title or Position  CITY STATE ZIP CODE  Telephone number Tool - Total	Mailing Address	56 Mai Main Stra	4403
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 Mailing Address  Li S(a) Rugan Sf  Title or Position  CITY STATE ZIP CODE  Telephone number Tool - Total		Fall Awer MA	1102740111
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 Mailing Address  Li S(a) Rugan Sf  Title or Position  CITY STATE ZIP CODE  Telephone number Tool - Total			
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  Mailing Address  Title or Position  CITY  STATE  JP CODE  Title or Position  CITY  STATE  JP CODE  Title or Position  CITY  STATE  JP CODE  Title or Position		CITY	STATE ZIP CODE
Full Name  Mailing Address  Li Sto Nyam St.  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  Mailing Address  CITY  STATE  ZIP CODE  Title or Position	Relationship: Connec	ated Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
Mailing Address    S(a)   Ayan   State   Ayan   Aya		dentify by name, address (phone number optional) and position	of the person in possession of committee
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph	Full Name La	riel Gilbarg	<u> </u>
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph	Mailing Address	1156 Ryan St.	
Telephone number  Telephone nu		New Bedford	1A 02740
Telephone number  Telephone nu			
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  Mailing Address  CITY  STATE  ZIP CODE	Title or Position	CITY ST	TATE ZIP CODE
any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  Light Again St. MA: O2740  CITY STATE ZIP CODE		Telephone number	1008-1994-18ATT
of Treasurer  Mailing Address  Light Again St			mmittee; and the name and address of
CITY STATE ZIP CODE		unial Gilbang	
Title or Position	Mailing Address	156 Ryan St.	10. 02740
Title or Position			
Telephone number	Title or Position	30.00	12000 100 d 10 15 d

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Full Name of Designated Agent	arlene Pollner		· 
Mailing Address	156 Ryan St	<u> </u>	<u> </u>
	Lew Beltal	MA	11027201
	СПУ	STATE	ZIP CODE
Title or Position	ausprei/ Tele	ephone number S	3190418751
Banks or Other Deposit     safety deposit boxes or n     Name of Bank, Depositor	·	the committee deposits fund	ls, holds accounts, rents
5	avereign Bank		
Mailing Address	ISBS Allen S	<u>.</u>	
	Men Bedral	MA 02	749
		ا لیا لیا	
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
1			
Mailing Address			
	СІТҮ	STATE	ZIP CODE

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 10/13/10 Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):