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APR 26 1 48 PM '02

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (or fund)

(Check if name is changed)

Example: If typing, type over the lines.

12PRAMS

FRIENDS OF MATT KINNAMAN

ADDRESS (number and street)

PO BOX 503

(Check if address is changed)

LEE

MA

01238

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@KINNAMAN2002.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.KINNAMAN2002.COM

2. DATE

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N) OR

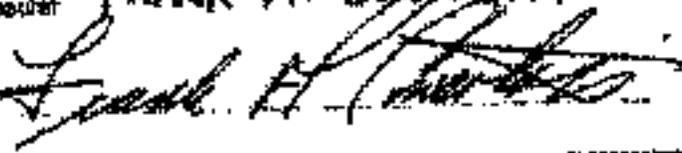
AMENDED (A)

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

FRANK A. CONSOLATI

Signature of Treasurer



Date 04 25 2002

NOTE: Submission of false, inaccurate, 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.

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|-----------------|--|--|--|--|--|
| Office Use Only | | | | | |
|-----------------|--|--|--|--|--|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

RETURNS TO:

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 MATTHEW W. KINNAMAN

Candidate Party Affiliation REP Office Sought House Senate President State District

- (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 with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

FEC Form 1 (Revised 1/01)

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 TREASURER

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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 FRANK A CONSOLATI

Mailing Address PO BOX 503

LEE _____ MA 01238

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number (413) 243-0437

Full Name of Designated Agent CASSANDRA A RUFF

Mailing Address PO BOX 503

LEE _____ MA 01238

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.

BERKSHIRE BANK

Mailing Address

11 PARK STREET

LEE

MA

01238

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
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