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(b) Number and Street Address	ck if name is changed) 2/ ESS (0/7/M) ck if address is changed)	U.S. HOUSE A	OF THE SEERK
(c) City, State and ZiP Code	ck if address is changed)	3. FEO IT	ENTIFICATION NUMBER
(c) City, State and ZiP Code	(15193	0)(0	227211
SEAFORD, N.Y.			STATEMENT
5. TYPE OF COMMITTEE (Check'one)		☐ YE	STATEMENT AN AMEND
(a) This committee is a principal campaign cor	Timittee (Complete the		
(b) This committee is an authorized committee		ation below.)	
(b) This committee is an authorized committee Name of Candidate	, and is NOT a principal campaign comm	ittee. (Complete the	candidate information
- State Odde	Candidate Party Affiliation Office	Sought	
(c) This committee supports			State/District
(c) This committee supports/opposes only one c		and is No)T as suit
(d) This committee is a	(name of candidate)		T an authorized comm
(National, State or	subordinate) committee of the	(Democratic B	P
(e) This committee is a separate segregated fun	d.	(Democratic, Re	publican, etc.)
(f) This committee supports/opposes more than of Any Connected	one Federal candidate and is NOT a sep	arate segrenated 4	
6. Name of Any Connected Organization or Attilized Connected	18-11	a. vsalaci (U)	ਪ ਪਾ ਕ <u>pa</u> rty committee
Organization or Affiliated Committee	Mailing Address and ZIP Code	ALC: The second	Relationship
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Type of Connected Organization			
Corporation Corporation w/o Capital Stock Lab 7. Custodian of Records: Identify by name, address (phone records.	or Organization Momb		
records: Identify by name, address (phone		ation Trade Asse	ciation Cooperative
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EUGENE A-TURNER 8. Treasurer: List the name and address (phone number – op agent (e.g., assistant treasurer). Full Name	Mailing Address 1.0-Box 1428, SEAFO 2D 1.7 Itional) of the treasurer of the committee; a	Title or N.Y. 7. T.R. and the name and ac	of committee books an
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