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•		e for instructions) I be filed after the Committee qualifies as a multicand	RECEIVED FEC MAIL		
1. (a) NAME OF COMMITTEE IN FULL				OPERATIONS CENTER,	
PROVIDENCE FRATERNAL ORDER OF POLICE _ POLITICAL ACTION COMMITTEE				7005 AUG -4 A 10: 25	
(b) Number and Street Address				2. FEC IDENTIFICATION NUMBER	
40 SHERIDAN STREET				C00294215	
(c) Ci	ty, State and	I ZIP Code	3. TYPE OF COMMITTEE (chack one) [T] STATE PARTY		
PROVI	DENCE,	RI 02909	T STATE PARTY		
4. \$	STATUS on <u>10</u> offiliation		ted its Statement of fied as a multicandid	Organization (FEC I date committee thro	FORM 1) ugh its
Committee Name: NATIONAL FRATERNAL ORDER OF POLICE FEC Identification Number: C00382556 5. STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):					
		Name	Office Sought	State/District	Date
	(i)				
	(ii)			en . 1, n	
	(iii)	<u> </u>			
	(iv)				
	(v)				
(on: (c) Reg sub (d) Qu	ntributors: The committee received a contemporary gistration: The committee has been registed and the committee met the above alification: The committee met the above	ered for at least 6 m	onths. FEC FORM	
TYPE JAME	OR PRINT S BRUNG	e examined this Statement and to the best of my knowledg NAME OF TREASURER SIGNATURE OF T SIGNATURE OF T On of false, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SHOUL	ct the person signing this St	DATE 7/s atement to the penalties of 2	5 / O 5 2 U.S.C. §437g.
FETANIM	g pne	For further information of		63 FEC I	FORM 1M (Revised 1/2001)

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Si-	8/4/05		
PREPARER (3/2005)	DATE PREPARED		

(3/2005)