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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1 NAME OF COMMITTEE (If full) (Check 5 name if changed) 2 Submit: 1 2004, 1999 (over the year) 1 FE4415

ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2 DATE 06 04 2004

3 FEC IDENTIFICATION NUMBER C

4 IS THIS STATEMENT NEW OR AMENDED A:

I certify that I have reviewed this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Philip T. McLaughlin

Signature of Treasurer Date 06 04 2004

NOTE: Submission of false information or fraudulent information may subject you to civil and criminal penalties under the provisions of 2 U.S.C. 5512. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

Office Use Only box with instructions: Do Not Write on this Form. For Further Information, Contact: 1-800-424-9529. Fax: 1-800-424-9529. Local: 800-424-9529. FEC FORM 1 (Revised 02/2003)

3. 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: Justin Nozick

Candidate Party Affiliation: DEM Office Sought: House Senate President State: NH District: 01

- (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.

5. 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

Write or Type Committee Name

Nadeau for Congress

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: Geoffrey Ward

Mailing Address: P.O. Box 1113

Portsmouth NH 03802-0113

Title or Position: CITY STATE ZIP CODE

Campaign Manager Telephone number 603-438-5335

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 (i.e., assistant treasurer).

Full Name of Treasurer: Phillip McLaughlin

Mailing Address: 500 Union Avenue

Laconia NH 03246

Title or Position: CITY STATE ZIP CODE

Acting Secretary Telephone number 603-528-6953

Full Name of Designated Agent

Mailing Address

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.

Fleet Bank

Mailing Address

848 Irvington Street

Portsmouth NH 03801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<i>for</i> PREPARER (5/2004)	6-5-04 DATE PREPARED