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Cend	NZ	Committee:							
(a)	X	This committee is	a principal campaig	in committe	e. (Complete	the candidat	e information	below.)	
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Candid Party /	date Affiliatio	n GRE	Office Sought:	 Ho	use	Senate	Y Presid	State dent District	į
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(d)		This committee is	a	(Nationa or subor	l, State dinate) comm	nittee of the	· · · ·	(Democratic Republican,	•
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Write or Type Committee Name

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		SAM P.	1EGOLLI		KA	92120-1	
	Title or Position		CITY		STATE	ZIP CODI	E
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8.	Treasurer: List the name a			I) of the treasurer	of the committee	; and the name and a	ddres
	any designated agent (e.g.,	assistant treasure	r).				
•	Full Name of Treasurer	ID MOR	RISOM 1				
	Mailing Address	6266	S M O W B O	MD ST .			
		5AN DI	IEGA		GA	92120-	
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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.

	UNION BANK	······································
Mailing Address	5121 WARING RD	
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Name of Bank, Dep	sitory, etc.	
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PREPARER (3/2005)	·	DATE PREPARED