STATEMENT OF ORGANIZATION

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	· ((See Reverse Side For	Instructions)	<u>. · ·</u>	
	This is a (check one)	Party Committee	Political Action C	Committee	
	This is an (check one)	Initial Statement	Amended Staten	nent	
COMMITTEE		(PLEASE TYPE O	R PRINT)		:
Name	· ·	(I EE/IGE I II E G	<u> </u>		-
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CHAIRPERSO	ON	· · · · · · · · · · · · · · · · · · ·			·
Name	LIST OPHER	BERCMAN	Home Telep	ohone 645. 95	95
Mailing Addre	ess (Street, City, State, PARALLE/ K	Zip Code)	Business T	'elephone	
TREASURER					
Name	TREHEY		Home Telep	phone 231-49	34
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AFFILIATED	OR CONNECTED OF	RGANIZATIONS	· .		· · · · · · · · · · · · · · · · · · ·
Name					
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If not connected	or affiliated with an orga	unization identify the t	rade profession or prin		e contributors
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(Dalo)		(Signa	ture of Chairperson)	//	•
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