	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name: Community Association of Progressive Dominicans	Contact: Soledad Hiciano
1	Address: 3940 Broadway 2nd Fl New York, NY 10032	Phone Number: (212) 781 - 5500 E-mail Address: shiciano@acdp.org
	Organization Name: Community Association of Progressive Dominicans	Contact: Jean Pierre LaCour
2	Address: 3940 Broadway 2nd Fl New York, NY 10032	Phone Number: (212) 781 - 5500 E-mail Address: <u>iplacour@acdp.org</u>
	Organization Name:	Contact:
3	Address:	Phone Number: () - E-mail Address:
4	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
5	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
		L-man Addiess.

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
6	Address:	Phone Number: () - E-mail Address:
7		Contact:
	Address.	Phone Number: () - E-mail Address:
8	Organization Name:	Contact:
8	Address.	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
9	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
10	Address:	Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
11	-	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
12	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
13	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
14	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
15	Address:	Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
16	Organization Name:	Contact:
	Address.	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
17	Address:	Phone Number: () - E-mail Address:
18	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
19	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
20		Contact:
	-	Phone Number: () - E-mail Address:

Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
Organization Name:	Contact:
Address:	Phone Number: () - E-mail Address:
Organization Name:	Contact:
Address:	Phone Number: () - E-mail Address:
Organization Name:	Contact:
Address:	Phone Number: () - E-mail Address:
Organization Name:	Contact:
Address:	Phone Number: () - E-mail Address:
	Contact:
	Phone Number: () - E-mail Address:
	Mailing Address - City, State / Zip Organization Name: Address: Organization Name: Address: Organization Name: Address: Organization Name: Organization Name:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
26	-	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
27	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
28	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
29	Address:	Phone Number: () - E-mail Address:
30	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
31	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
32	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
33	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
34	Address:	Phone Number: () -
	Organization Name:	E-mail Address: Contact:
35		Phone Number: () -
		E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
36	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
37	Address.	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
38	Address:	Phone Number: () - E-mail Address:
39	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
40		Contact:
	Address:	Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
	Organization Name:	Contact:
41	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
42	Address:	Phone Number: () - E-mail Address:
43	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
44	Organization Name:	Contact:
	Address.	Phone Number: () - E-mail Address:
45	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
46		
	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:
47		
	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
	Organization Name:	Contact:
48		Phone Number: () -
	Address:	E-mail Address:
	Organization Name:	Contact:
49	Address:	Phone Number: () -
		E-mail Address:
50	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
51	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
52	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
53	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
54	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
E E	Organization Name:	Contact
55	Address:	Contact: Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
56	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
		a
57	Organization Name:	Contact:
		Phone Number: () - E-mail Address:
58	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
59	Organization Name:	Contact:
	Address:	E-mail Address:
60	Organization Name:	Contact:
		Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
61	Organization Name:	Contact:
		Phone Number: () - E-mail Address:
62	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
		E maii Address.
63	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
64	Organization Name:	Contact:
	Address.	Phone Number: () - E-mail Address:
65	Organization Name:	Contact:
		Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
66	Organization Name:	Contact:
	Addices.	Phone Number: () - E-mail Address:
67	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
68	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
69	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
70	Organization Name:	Contact:
		Phone Number: () - E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
-1	Owner leading Name	
/1	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:
72	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:
73		Contact:
	Address:	Phone Number: () -
		E-mail Address:
74	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:
75	Organization Name:	Contact:
	Address:	Phone Number: () -
		E-mail Address:

	Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number
76	Organization Name:	Contact:
	Addi Coo.	Phone Number: () - E-mail Address:
77	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
		L-Hall Address.
78	Organization Name:	Contact:
	Addi Coo.	Phone Number: () - E-mail Address:
79	Organization Name:	Contact:
	Address:	Phone Number: () - E-mail Address:
80	Organization Name:	Contact:
		Phone Number: () - E-mail Address:

Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number

Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number

Full Organization Name - (No Acronyms) Mailing Address - City, State / Zip	Contact Person and Phone Number