

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 MAR -1 P 1:00

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

UBA ACTION PAC

ADDRESS (number and street)

185 S STATE STREET SUITE 201

(Check if address
is changed)

SALT LAKE CITY

UT

84111

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LEG@UBA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.UBA.ORG/ACTIONPAC

2. DATE

02 26 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

HOWARD HEADLEE

Signature of Treasurer



Date

02 26 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. 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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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.

6. Name of Any Connected Organization or Affiliated Committee

UTAH BANKERS ASSOCIATION _____

Mailing Address 185 S STATE STREET, SUITE 201 _____

SALT LAKE CITY UT 84111 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED, AMERICAN BANKERS ASSOCIATION _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

UBA ACTION PAC

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 HOWARD HEADLEE

Mailing Address 185 S STATE STREET SUITE 201
SALT LAKE CITY UT 84111

Title or Position TREASURER CITY STATE ZIP CODE
UT 84111

Telephone number 801 364 4303

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 (e.g., assistant treasurer).

Full Name of Treasurer HOWARD HEADLEE

Mailing Address 185 S STATE STREET SUITE 201
SALT LAKE CITY UT 84111

Title or Position TREASURER CITY STATE ZIP CODE
UT 84111

Telephone number 801 364 4303

Full Name of Designated Agent DAN FAZZINI JR

Mailing Address 185 S STATE STREET SUITE 201
SALT LAKE CITY UT 84111

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
UT 84111

Telephone number 801 364 4303

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.

US BANK, NA

Mailing Address

15 W SOUTH TEMPLE

SALT LAKE CITY UT 84101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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<i>SL</i> PREPARER	<i>3-7-08</i> DATE PREPARED