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# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FEDERAL WILDLAND FIRE SERVICE ASSOCIATION PAC

ADDRESS (number and street) ▼ PO BOX 517

☐ (Check if address is changed)

INKOM ID 83245-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ADMIN@FWFSA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FWFSA.ORG

COMMITTEE'S FAX NUMBER

208-775-4577

2. DATE 01 / 25 / 2007

3. FEC IDENTIFICATION NUMBER ▶ C00397752

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 Casey Judd - Designated Agent

Signature of Treasurer Casey Judd Date 01 / 25 / 2007

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 02/2003)

FE3AN042.PDF

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

(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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Federal Wildland Fire Service Assn. 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: MICHELINE ESCALANTE

Mailing Address: PO BOX 517

INKOM ID 83245-

Title or Position ▼: ADMINISTRATIVE ASST.

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 208-775-4577

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: JIM HUSTON

Mailing Address: PO BOX 517

INKOM ID 83245-

Title or Position ▼: SECRETARY TREASURER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 208-775-4577

Full Name of Designated Agent: CASEY JUDD

Mailing Address: PO BOX 517

INKOM ID 83245-

Title or Position ▼: BUSINESS MANAGER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 208-775-4577

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.

WESTAMERICA BANK

Mailing Address 800 CAPITOL MALL SUITE 1510

SACRAMENTO CA 95814-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
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| PREPARER | 2/1/07 DATE PREPARED |

(3/2005)

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