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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

W I L L I S N O R T H A M E R I C A I N C .
P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street)

7 H A N O V E R S Q U A R E

(Check if address
is changed)

N E W Y O R K N Y 1 0 0 0 4 -

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

W I L L I S P A C @ W I L L I S . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

- -

2. DATE

01 05 2006

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

JOHN VERBICH

Signature of Treasurer

Date

01 13 2006

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)

26038951031

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

W I L L I S N O R T H A M E R I C A I N C

Mailing Address

7 H A N O V E R S Q U A R E

N E W Y O R K

N Y

1 0 0 0 4

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

C O N N E C T E D

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

26038951032

Write or Type Committee Name

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 | J | O | H | N | V | E | R | B | I | C | H |

Mailing Address | 7 | H | A | N | O | V | E | R | S | Q | U | A | R | E |

| N | E | W | Y | O | R | K | | N | Y | | 1 | 0 | 0 | 0 | 4 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T | R | E | A | S | U | R | E | R | Telephone number | 2 | 1 | 2 | - | 8 | 2 | 0 | - | 7 | 4 | 5 | 0 |

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 | J | O | H | N | V | E | R | B | I | C | H |

Mailing Address | 7 | H | A | N | O | V | E | R | S | Q | U | A | R | E |

| N | E | W | Y | O | R | K | | N | Y | | 1 | 0 | 0 | 0 | 4 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T | R | E | A | S | U | R | E | R | Telephone number | 2 | 1 | 2 | - | 8 | 2 | 0 | - | 7 | 4 | 5 | 0 |

Full Name of Designated Agent | D | E | R | R | I | C | K | C | O | G | G | I | N |

Mailing Address | 2 | 6 | C | E | N | T | U | R | Y | B | O | U | L | E | V | A | R | D |

| N | A | S | H | V | I | L | L | E |

| T | E | N | N | E | S | S | E | E | | T | N | | 3 | 7 | 2 | 1 | 4 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| A | S | S | I | S | T | A | N | T | T | R | E | A | S | U | R | E | R | Telephone number | 6 | 1 | 5 | - | 8 | 7 | 2 | - | 3 | 1 | 5 | 3 |

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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.

S U N T R U S T B A N K

Mailing Address

P O B O X 3 0 5 1 1 0

N A S H V I L L E TN 3 7 2 8 0

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1/17/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jei
 PREPARER

1/18/06
 DATE PREPARED

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