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OF ORGANIZATION (See reverse side for instructions) XXX (Check if name is changed) 1. (a) NAME OF COMMITTEE IN FULL 2. DATE Consumer Fireworks Safety Association PAC-Federal Ofcount March 2, 2007 (Check if address is chanced) (b) Number and Street Address TRAFEC IDENTIFICATION NUMBER 16526 Shore Drive N.E. C00297077 4. IS THIS STATEMENT AN AMENDMENT? (c) City, State end ZIP Gode Lake Forest Park, Washington 98155-5631 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 Office Sought State/District Candidate Party Affiliation (c) This committee supports/opposes only one candidate_ and is NOT an authorized committee. (name of candidate) committee of the Party. (d)This committee is a 💄 (National, State or subordinate) (Democratic, Republican, etc.) xx(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 a party committee. Name of Any Connected Malling Address and Relationship Organization or Affiliated Committee ZIP Code 16526 Shore Drive N.E. Consumer Fireworks Safety Asso. associated Lake Forest Park organization Washington 98155-5631 Consumer Fireworks Safety Assn. 16526 Shore Drive N.E. non-qualifying Political Action Committee Lake Forest Park state & Local PAC Washington 98155-5631 Type of Connected Organization Corporation Corporation w/o Capital Stock Labor Organization Membership Organization 🔯 Trade Association 🗀 Cooperative 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 Mailing Address Title or Position Jerald E. Farley 16526 Shore Drive N.E., Lake Forest Park, WA 98155 Treasurer 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 Maliing Address Title or Position 16526 Shore Drive N.E. Jerald E. Farlev Treasurer Lake Forest Park Washington 98155-5631 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit baxes or maintains funds. Name of Bank, Depository, etc. Mailing Address and ZIP Code Bank of America, Fife, Washington Branch 1 5003 Pacific Highway East Fife, Washington 98424 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. SIGNATURE OF TREASURER TYPE OR PRINT NAME OF TREASURER DATE

Jerald E. Farley March 2, 2007 NOTE: Submission of talse, erroneous, or incomplete information may subject the person sighing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

> For further information contact: Federal Election Commission Tall-free 800-424-9530 Local 202-376-3120

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