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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

CONSUMER FIREWORKS SAFETY ASSOCIATION

PROHIBITION ACTION COMMITTEE FEDERAL GOVERNMENT

ADDRESS (number and street) 15320 SHIRLEY DRIVE WASHINGTON DC

(Check if address is changed)

LAUREL PARK WDC 20008-5151

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
HURKLEY@OPTIMISM.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
202-293-7575

2. DATE 6/01/07

3. FEC IDENTIFICATION NUMBER ► C00297074

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 JEROLD E. FALLOU

Signature of Treasurer *[Handwritten Signature]* Date 6/01/07

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)

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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

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Write or Type Committee Name

CONSUMER FIREWORKS SAFETY ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL ACCOUNT

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 WERNON E. FURLEY

Mailing Address 16526 SHORE DRIVE NORTHEAST
LAKE FOREST PARK WA 98155-5634

Title or Position MEMBER CITY LAKE FOREST PARK STATE WA ZIP CODE 98155-5634
Telephone number 206-713-3354

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 WERNON E. FURLEY

Mailing Address 16526 SHORE DRIVE NORTHEAST
LAKE FOREST PARK WA 98155-5634

Title or Position MEMBER CITY LAKE FOREST PARK STATE WA ZIP CODE 98155-5634
Telephone number 206-713-3354

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

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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.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

OR 1/22/07
 PREPARER DATE PREPARED

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