

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

National Marine Manufacturers Association Political Action Committee

ADDRESS (number and street)

444 North Capitol Street, N.W.

(Check if address is changed)

Suite 645

Washington

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nmmapac@nmma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-628-4716

2. DATE

12 / 13 / 2006

3. FEC IDENTIFICATION NUMBER

C C00245548

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

Ms. Monita Fontaine

Signature of Treasurer

Electronically Filed by Ms. Monita Fontaine

Date

12 / 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. S437g.

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)

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

National Marine Manufacturers Association

Mailing Address **200 E. Randolph Drive**
Suite 5100
Chicago **IL** **60601** -
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Main Office** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

National Marine Manufacturers Association Political Action Committee

- 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 **Ms. Tracy Cullo**

Mailing Address **444 North Capitol Street, N.W.**

Suite 645

Washington DC 20001

Title or Position ▼ **Pac Manager** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 737 9762**

- 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 **Ms. Monita Fontaine**

Mailing Address **444 North Capitol Street, N.W.**

Suite 645

Washington DC 20001

Title or Position ▼ **VP and Senior Course** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 737 9767**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

Wachovia Bank, N.A.

Mailing Address

Regional Servicecenter VA7300

PO Box 40031

Roanoke

VA

24022

0031

CITY ▲

STATE ▲

ZIP CODE ▲