

# NSMPA

6700 West Snowville Rd. ■ Brecksville, OH 44142-3292  
Telephone: (216) 526-0300  
Fax: (216) 526-5803



Serving the Automobile Machine Products Industry since 1953

David J. Burch, Executive Director  
John J. Gault, President  
Richard J. Murray, Treasurer  
Arthur W. Langstaff, Executive Director  
Richard D. Zapp, Executive Director

Jack D. McNaughton, Executive Vice President

December 14, 1995

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Gentlemen:

Enclosed is an amendment to the National Screw Machine Products Association Political Action Committee Statement of Organization. The amendment changes the name of our separate segregated fund to Precision Maphined Products Association Political Action Committee.

This name change is required because, effective January 1, 1996, our Association is changing its name.

Cordially,

David J. Burch  
Assistant Treasurer

/DJB  
Encl.

9  
5  
5  
9  
1  
0  
1  
1  
0  
3  
0  
3  
5  
9

Dec 18 9 56 AM '95  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION  
 FORM NO. 2004  
**Dec 18 9 56 AM '95**

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Precision Machined Products Association Political Action Committee	2. DATE January 1, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 6700 West Snowville Rd.	3. FEC Identification Number C00110858
(c) City, State and ZIP Code Brecksville, OH 44141	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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
-----------	-----------------	-------------------

**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	Mailing Address	Title or Position
-----------	-----------------	-------------------

**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.	Mailing Address and ZIP Code
--------------------------------	------------------------------

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 Jack D. McNaughton	SIGNATURE OF TREASURER 	DATE 12/12/95
---	----------------------------	------------------

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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9630  
 Local 202-218-3420

FESAN045

**FEC FORM 1**  
 (revised 4/87)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12-14-95

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*SLB.*  
PREPARER

12-18-95  
DATE PREPARED