FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		Office use only
NAME OF COMMITTEE (in		Check if name s changed)	Example: If typying, type over the lines	12FE4M5
NATIONAL PA	WNBROKERS AS	SOCIATION INC	POLITICAL ACTION COM	MITTEE (NPA-P-
	<u> </u>			
ADDRESS (number and	street)	OX 1040		
(Check if addr is changed)	ess ROAN	IOKE		TX 76262
001444775505144	W ADDD500		CITY▲	STATE▲ ZIP CODE ▲
cheryl@nation	il ADDRESS ialpawnbrokers.or	g , , , , ,		
COMMITTEE'S WEB	PAGE ADDRESS (UF	L)		
	1 1 1 1 1 1 1			
COMMITTEE'S FAX N	NUMBER			
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2. DATE M N O 7		^Y 2 0 0 6 ^Y		
3. FEC IDENTIFICA	ATION NUMBER	(C C00307397	
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)	
I certify that I have exami	ined this Statement and t	o the best of my know	vledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer	ick Hartsoe		
Signature of Treasurer	. Electronically Filed	by Jack Harts	oe	Date 07 13 / Y Y Y Y Y
NOTE: Submission of fa	•	•	subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530	

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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 information below.)	candidate
	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	Democratic, Republican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
3 .	Name of Any Connected Organization or Affiliated Committee	
1		.
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	Deletionabin	ı
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

NATIONAL PAWNBROKERS ASSOCIATION INC POLITICAL ACTION COMMITTEE (NPA-

Custodian of Records: possession of Committee	Identify by name, address, (phone number tee books and records.	er optional), and position of	the person in											
Full Name Che	ryl Earnshaw													
Mailing Address	PO Box 1040													
	Roanoke		76262											
Title or Position ▼	CITY A	STATE▲	ZIP CODE A											
Assista	nt Treasurer	Telephone number 817	491											
	me and address (phone number optiona any designated agent (e.g., assistant treas		nittee; and the											
Full Name of Treasurer Jack	(Hartsoe													
Mailing Address	11716 Wayzata Blvd.													
Mailing Address	11716 Wayzata Blvd. Minnetonka		55305											
Mailing Address Title or Position ♥		MNSTATE▲	55305											
	Minnetonka CITY &		ZIP CODE ▲											
Title or Position ♥	Minnetonka CITY &	STATE ▲	ZIP CODE ▲											
Title or Position ▼ Treasur Full Name of Designated	Minnetonka CITY &	STATE ▲	ZIP CODE A											
Title or Position ▼ Treasur Full Name of Designated Agent Mailing Address	Minnetonka CITY A	STATE Telephone number 952	ZIP CODE A 5250854											
Title or Position ▼ Treasur Full Name of Designated Agent	Minnetonka CITY &	STATE ▲	ZIP CODE A											

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9.	Banks or Other safety deposit bo Name of Bank, D	xes	or i	mai	ntai	ins				bar	ıks	or (oth	er c	lep	osit	orie	es in	n w	/hic	h t	he (cor	mm	itte	e d	ерс	sits	s fu	nds	s, ho	olds	ac	COI	unts	s, re	ents	;		
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