

OPERATIONS CENTER  
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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 form.

12FE4MS

NATIONAL TRUCK EQUIPMENT ASSOCIATION (NTEA)  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

499 SOUTH CAPITOL STREET, SW

(Check if address is changed)

SUITE 502 A

WASHINGTON

DC

20003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MASTNEA@NTEA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(202) (554) (3160)

2. DATE

11 03 2004

3. FEC IDENTIFICATION NUMBER

000237644

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

Michael E. Kastner

Signature of Treasurer

*Michael E. Kastner*

Date

11 03 2004

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 800-424-9546  
Local 202-696-1100

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name: NATIONAL TRUCK EQUIPMENT ASSOCIATION (NTEA) 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: MICHAEL E. KASTNER

Mailing Address: 499 SOUTH CAPITOL STREET, SW SUITE 502A WASHINGTON DC 20003

Title or Position: CITY STATE ZIP CODE

DIRECTOR Telephone number

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: MICHAEL E. KASTNER

Mailing Address: 499 SOUTH CAPITOL STREET, SW SUITE 502A WASHINGTON DC 20003

Title or Position: CITY STATE ZIP CODE

FOR GOVERNMENT RELAT Telephone number 202-484-0526

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, maintains accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

REGGS

Mailing Address

1503 PENNINGTON AVENUE NW

WASHINGTON DC 20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

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

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

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	11-9-04 DATE PREPARED