FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | VRGANIZA (See instruction | | N | | | | | | | | | |
|--------------------------------------|--------------------------|------------------------------|--------------|---|-----------------------|--------|-------|----------|------------|-----------|------------|------|---------|
| | | • | 13) | | | _ | | | Of | ffice use | only | | |
| NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exan over | nple: If typyi the lines | ng, type | | 12F | E4M | 5 | | | | |
| American Pol | itical Action Com | nmittee | ш | | | | ш | ш | | | 11 | | |
| | | | ш | | | ш | ш | ш | ш | ш | | ш | |
| ADDRESS (number and | I street) | Box 1682 | ш | | | | ш | | ш | | | ш | |
| (Check if add | ress | | ш | | | | ш | | | | | ш | |
| is changed) | Bell | evue | ш | ш | | | L W | A | Ц | 980 | 009 _ | - 🗀 | ш |
| | | | CITY | | | ; | STAT | E▲ | | Z | IP COI | DE 📥 | |
| COMMITTEE'S E-MA | | | | | | | | | | | | | |
| | | | ш | | | Щ | ш | ш | Ш | | | Щ | |
| | | | ш | шш | | Ш | ш | ш | ш | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (L | JRL) | | | | | | | | | | | |
| www.ameripa | ac.com | | | <u> </u> | | | | | | | | | |
| | 1 1 1 1 1 1 | | | | | | | | | | | | 1 1 |
| COMMITTEE'S FAX 4254513959 | NUMBER | ا | | | | | | | | | | | |
| 2. DATE 0 .3 | M / D D / N | 2007 | | | | | | | | | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | (| C C99 | 002396 | | | | | | | | | |
| 4. IS THIS STATE! | MENT X NEV | V (N) OR | | AMEN | DED (A) | | | | | | | | |
| I certify that I have exam | nined this Statement and | d to the best of my knov | vledge an | d belief it is t | rue, corre | ct and | compl | ete | | | | | |
| Type or Print Name of | Treasurer | J.H. Versnel | | | | | | | | | | | |
| Signature of Treasure | er Electronically File | ed by J.H. Versn e | el | | | C | ate | 0 | 3 / | D 1 | 5 / | Y Y | 2 0 0 7 |
| NOTE: Submission of fa | | mplete information may | | | | | | | | of 2 U.S | S.C. S4 | 37g. | |
| Office Use Only | | | | For further Federal Elec Toll Free 80 | ction Com 0-424-95 | missic | | | | | FOI | | 1 |

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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 cainformation below.) | andidate |
| | 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 | |
| | | emocratic, oublican,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 fur committee. | nd or party |
| 6. | Name of Any Connected Organization or Affiliated Committee | |
| l | | . |
| | | |
| | Mailing Address | |
| | | |
| | | |
| | CITY▲ STATE▲ 2 | ZIP CODE A |
| | | |
| | Relationship | |
| | Type of Connected Organization: | |
| | Corporation Corporation w/o Capital Stock Labor Organization | on |
| | Membership Organization Trade Association Cooperative | |

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Write or Type Committee Name

| nerican Political A | ction Committee | | |
|---|--|---|---|
| | | optional), and position of th | e person in |
| Name | | | |
| ing Address | | | |
| | | | |
| or Position 🔻 | CITY A | STATE▲ | ZIP CODE A |
| | | Telephone number | |
| ne and address of a Name reasurer ing Address | ny designated agent (e.g., assistant treasurer | ·). | |
| or Position ∀ | CITY A | | ZIP CODE A |
| | <u> </u> | Telephone number | |
| Name of ignated | | | |
| | | | |
| ing Address | | | |
| ing Address | | | |
| ing Address or Position ♥ | CITY A | STATE A | ZIP CODE A |
| | Name Isurer: List the name and address of a Name reasurer ng Address or Position ▼ Name reasurer ng Address | Name Insurer: List the name and address (phone number optional) of ne and address of any designated agent (e.g., assistant treasurer ng Address Or Position ▼ CITY ▲ CITY ▲ CITY ▲ CITY ▲ | ng Address or Position ▼ CITY A STATE A Telephone number Issurer: List the name and address (phone number optional) of the treasurer of the committee and address of any designated agent (e.g., assistant treasurer). Name easurer or Position ▼ CITY A STATE A Telephone number Telephone number |

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|--------------------------------|---|--|---|---|--|---|--|--|--|---|---|---|--|--|-----|------|-----|-----|---|---|--------|---|---|---|---|-----------|---|--|---|--|---|---|--|--|-----|------|-----|---|---|----------|---|
| 9. | Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds according safety deposit boxes or maintains funds. | | | | | | | | | | | | | | วนท | ıts, | rer | nts | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ı | 1 | | 1 | | | | 1 | 1 | 1 | | | 1 | | l | 1 | ı | ĺ | | ı | 1 | ı | 1 | | 1 | | 1 | | 1 | 1 | | <u>. </u> | L | | | | | <u> </u> | |
| | Mailing Address | | | | | | | | | L | L | | | | | | | 1 | | | L | | L | | | | | | | | | | | L | L | | | | L | | |
| | | | | | | | | | | | 1 | | | | | | L | 1 | | | L | 1 | | | | | | | | | | | | L | | | 丄 | | | | |
| | | | | | | L | | | | L | L | | | | | | | 1 | | | L | | _ | | | | | | | | | | | L | 丄 | _] - | - [| | | | Ш |
| | CITY △ | | | | | | | | | | | | | | c | Ή | Υ | △ | | | | | | | | STATE △ Z | | | | | | | | | , C | OD | Œ | Δ | | | |