

**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

Utah Bankers Association Action PAC

ADDRESS (Home or street) 185 S State Suite 201

(Check if address is changed) Salt Lake City UT 84111

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 / 01 / 2002

3. FEC IDENTIFICATION NUMBER C00374371

4. IS THIS STATEMENT X 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 Howard Headlee

Signature of Treasurer Electronically Filed by Howard Headlee Date 05 / 01 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

**ABA BANKPAC** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

1120 Connecticut Avenue NW

Washington DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated \_\_\_\_\_

Type of Connected Organization:

- |                         |   |                    |
|-------------------------|---|--------------------|
| Corporation             | Corporation w/o Capital Stock                         | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative        |

Write or Type Committee Name

**Utah Bankers Association Action PAC**

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 Howard Headlee

Mailing Address 12185 South Nicklaus Rd.

Sandy UT 84092 -  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 801 - 364 - 4303

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 Howard Headlee

Mailing Address 12185 South Nicklaus Rd.

Sandy UT 84092 -  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 801 - 364 - 4303

Full Name of Designated Agent Dan Fazzini, Jr.

Mailing Address 1339 Morning Vista Dr

Taylorville UT 84123 -  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Asst. Treasurer Telephone number 801 - 364 - 4303



**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Utah Bankers Association

Mailing Address

185 S State St. #201

Salt Lake City

UT

84111

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

X

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_