01/05/2006 10 : 25

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

American Subcontractors Association Political Action Committee

ADDRESS (Number and Street)

1004 Duke Steet

(Check if address is changed)

Alexandria | VA | 22314 - 3588

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

vbachelor@asa-hq.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.asaonline.com

COMMITTEE'S FAX NUMBER

7038363482

2. DATE 01 05 2006

3. **FEC IDENTIFICATION NUMBER** **C C00359463**

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 Mr. Brian Wanye Cubbage

Signature of Treasurer Electronically Filed by Mr. Brian Wanye Cubbage Date 01 05 2006

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 800-424-9530
Local 202-694-1100

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) X 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

American Subcontractors Association Political Action Committee

Mailing Address 1004 Duke Street

Alexandria VA 22314 - 3588

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

American Subcontractors Association 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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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: Mr. Brian Wanye Cubbage

Mailing Address: 1004 Duke Street

Alexandria VA 22314 - 3588

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Senior Director

Telephone number 703 - 684 - 3450

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

Name of Bank, Depository, etc.

Wachovia

Mailing Address P.O. Box

Charlotte NC 28262 - 3966

CITY STATE ZIP CODE

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]**

American Subcontractors Association

Mailing Address 1004 Duke Street

Alexandria VA 22314

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 _____ – _____ – _____