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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 lines.

12FE4M5

F R E E D O M , S E C U R I T Y , P R O S P E R I T Y P A C (F S P P A C)

ADDRESS (number and street)

C/O A R E N T F O X P L L C

1 0 5 0 C O N N E C T I C U T A V E N U E , N W

(Check if address
is changed)

W A S H I N G T O N

D C

2 0 0 3 6

- 5 3 3 9

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

d o t y . p a t r i c i a . a r e n t f o x . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2 0 2 - 8 5 7 - 6 0 8 8

2. DATE

0 6 / 1 2 / 2 0 0 6

3. FEC IDENTIFICATION NUMBER ▶

C

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

Craig Engle

Signature of Treasurer

Date

0 6 / 1 2 / 2 0 0 6

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)

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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 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

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Write or Type Committee Name

FSP 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 CRAIG ENGLE

Mailing Address C/O ARENT FOX PLLC

1050 CONNECTICUT AVENUE, NW

WASHINGTON DC 20036-5339

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 202-775-5791

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 CRAIG ENGLE

Mailing Address C/O ARENT FOX PLLC

1050 CONNECTICUT AVENUE, NW

WASHINGTON DC 20036-5339

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent PATRICIA DOTY

Mailing Address C/O ARENT FOX PLLC

1050 CONNECTICUT AVENUE, NW

WASHINGTON DC 20036-5339

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER

Telephone number 202-775-5736

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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

1100 CONNECTICUT AVENUE, NW

WASHINGTON DC 20036-5339

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26059094716

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"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

JMP
 PREPARER

6-12-06
 DATE PREPARED

26039094717