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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

SureWest Communications Political Action Committee (SUREWEST PAC)

ADDRESS (number and street)

455 Capitol Mall, Suite 801

(Check if address is changed)

Sacramento

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02 06 2002

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

Thomas W. Hiltachk

Signature of Treasurer

Date

02 06 2002

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 1/01)

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

SUREWEST COMMUNICATIONS \_\_\_\_\_

Mailing Address

P. O. BOX 959 \_\_\_\_\_

ROSEVILLE \_\_\_\_\_

CITY ▲

CA \_\_\_\_\_

STATE ▲

95678 \_\_\_\_\_

ZIP CODE ▲

Relationship

CONNECTED ORGANIZATION \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

SureWest Communications 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 Thomas W. Hiltachk  
 Mailing Address 455 Capitol Mall, Suite 801  
Sacramento CA 95814  
 Title or Position Treasurer CITY STATE ZIP CODE  
 Telephone number 916 - 442 - 7757

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 Thomas W. Hiltachk  
 Mailing Address 455 Capitol Mall, Suite 801  
Sacramento CA 95814  
 Title or Position Treasurer CITY STATE ZIP CODE  
 Telephone number 916 - 442 - 7757

Full Name of Designated Agent Charles H. Bell, Jr.  
 Mailing Address 455 Capitol Mall, Suite 801  
Sacramento CA 95814  
 Title or Position Assistant Treasurer 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.

Wells Fargo Bank  
Mailing Address 400 Capitol Mall  
Sacramento CA 95814  
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 Commission has added this page to the end of this filing to indicate how it was received.

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