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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

Conservative Principles PAC

ADDRESS (number and street) 814 Walnut Street

[ ] (Check if address is changed)

Early CA 60555-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

-

2. DATE 09 13 2006

3. FEC IDENTIFICATION NUMBER ▶ C

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 Ann Trimble-Ray

Signature of Treasurer Trimble-Ray Date 09 13 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)

FE3AN042.PDF

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

None

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name
Conservative Principles 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: Ann Trimble-Ray
Mailing Address: P.O. Box 100
Carly IA 50535-
Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲
Treasurer
Telephone number 712-660-1152

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: Ann Trimble-Ray
Mailing Address: Po Box 100
Carly IA 50535-0100
Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲
Treasurer
Telephone number 712-660-1152

Full Name of Designated Agent: James Treat
Mailing Address: 319 W 9th Street
Storm Lake IA 50588-
Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲
Assistant Treasurer
Telephone number 712-732-2938

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.

Citizens First National Bank

Mailing Address Drawer 1554

Storm Lake IA 50588-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Jm B PREPARER	9-19-06 DATE PREPARED

(3/2005)