FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only			
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5			
RECREATION	AL FISHING ALLIANCE, PAC					
ADDRESS (number and	PO Box 3080					
_	5738 Route 9					
(Check if addi	New Gretna		NJ 08224 - 0000			
		CITY▲	STATE▲ ZIP CODE ▲			
COMMITTEE'S E-MA schnellerrfa@			ı			
			<u> </u>			
	DAGE ADDRESO (UDL)					
www.joinrfa.c	PAGE ADDRESS (URL)					
111111111111111111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
COMMITTEE'S FAX I 609-404-1968	NUMBER					
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
3. FEC IDENTIFICATION NUMBER C C00363812						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have exam	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete			
Type or Print Name of	Treasurer Schneller A S	acey				
Signature of Treasure	r Electronically Filed by Schnel l	er A Stacey	Date 05 / 05 / 2006			
NOTE: Submission of fa	•	may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.			
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530	ssion FEC FORM 1			

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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 information below.)	ete the candidate				
Information below.) Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate Presiden	State 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 Reputer (This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.						
6.	Name of Any Connected Organization or Affiliated Committee					
L						
L						
	Mailing Address					
	CITY▲ STATE ▲	ZIP CODE				
	Relationship					
	Corporation Corporation w/o Capital Stock Labor Or	ganization				
	Membership Organization Trade Association Cooperat	ive				

Title or Position ♥

Write or Type Committee Name			
RECREATIONAL FISHING	ALLIANCE, PAC		
 Custodian of Records: Identif possession of Committee boo 	y by name, address, (phone number oks and records.	optional), and position of t	he person in
Full Name			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
		Telephone number	
name and address of any des	l address (phone number optional) o ignated agent (e.g., assistant treasure	f the treasurer of the comm	nittee; and the
name and address of any des Full Name of Treasurer Schneller	l address (phone number optional) o iignated agent (e.g., assistant treasure	f the treasurer of the comm	nittee; and the
name and address of any des	l address (phone number optional) o ignated agent (e.g., assistant treasure	f the treasurer of the comm	nittee; and the
name and address of any des Full Name of Treasurer Schneller	l address (phone number optional) o ignated agent (e.g., assistant treasure A Stacey PO Box 3080	f the treasurer of the comm	082240000
name and address of any des Full Name of Treasurer Schneller	l address (phone number optional) o ignated agent (e.g., assistant treasure A Stacey PO Box 3080 5738 Route 9	f the treasurer of the commr).	
name and address of any des Full Name of Treasurer Mailing Address	A Stacey PO Box 3080 5738 Route 9 New Gretna	f the treasurer of the commr).	08224 _ 0000
name and address of any des Full Name of Treasurer Mailing Address — Title or Position	A Stacey PO Box 3080 5738 Route 9 New Gretna	f the treasurer of the commr). NJ STATE 609	08224 0000 ZIP CODE ▲
name and address of any des Full Name of Treasurer Mailing Address Title or Position ▼ PAC Treasure Full Name of Designated	A Stacey PO Box 3080 5738 Route 9 New Gretna	f the treasurer of the commr). NJ STATE 609	08224 0000 ZIP CODE ▲

CITY A

STATE A

Telephone number

ZIP CODE A

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9.	safety deposit boxes or maintains funds.						
	Name of Bank, Depository, etc.						
	Sun Na	ational Bank					
	Mailing Address	540 Route 9					
		Tuckerton NJ	08087				
		CITY A STATE A	ZIP CODE △				