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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: typing, type over the lines. 12FE4M5

NATIONAL SCHOOL TRANSPORTATION ASSOCIATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 625 SLATERS LANE, SUITE 205

(Check if address is changed)

ALEXANDRIA VA 22314-1

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-684-1321

2. DATE 06 15 2004

3. FEC IDENTIFICATION NUMBER ▶ C00419275

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 Terrence Vincent Thomas

Signature of Treasurer Terrence Vincent Thomas Date 06 16 2004

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2005)

FEWeb2.ASP

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

Write or Type Committee Name

National School Transportation 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: RONNA SABLE WEBER

Mailing Address: BKSH & ASSOCIATES
1001 K STREET, NW SUITE 901-L
WASHINGTON DC 20006-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSOCIATE

Telephone number 202-530-4036

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: TERRENCE VINCENT THOMAS

Mailing Address: COMMUNITY BUS SERVICES, INC
11 FEDERAL PLAZA CENTRAL, STE 908
YOUNGSTOWN OH 44501-1843

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT/CEO

Telephone number 330-743-7126

Full Name of Designated Agent: JOHN D CORR, JR.

Mailing Address: THE IBANS GROUP, LLC
56 WEST CHURCH STREET
SPRING VALLEY NY 10977-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT

Telephone number 845-356-2200

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.

BANK OF AMERICA

Mailing Address P.O. BOX 25118

TAMPA FL 33632-5118

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER

6/17/04
DATE PREPARED

(5/2004)