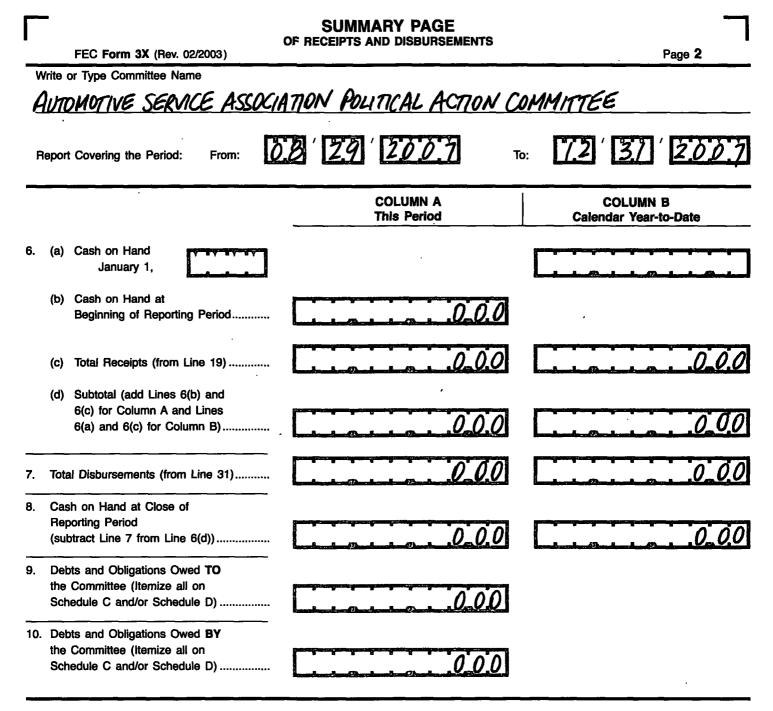
FEC FORM 3X	REPORT AND DISE For Other Than A	BURSEN	IENTS		FEC MAI	IVED CENTER ffice Use Only		
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V		nple: If typing, the lines.	type	2FE4M5	3-111 : 25	: '	
AUTOMOTIVE SERVICE ASSOCIATION POLITICAL								
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2. FEC IDENTIFICATION				STA	ATE 🛦			
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4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (a) Quarterly Reports: (a) Quarterly Report (choose One) (choose One	rt (Q2) rt (Q3) rt (YE) ar (d) 30-Day PRE-Ele Report fo 30-Day POST-El POST-El Report fo POST-El Report fo	ction or the:	Jur	y 20 (M5) 1 20 (M6) 20 (M7) C)	Aug 20 Sep 20 Oct 20 (General (120 Special (125	(M9) (M10) G) in the State of	lov 20 (M11) lon-Election sar Only) lon-Election sar Only) an 31 (YE) unoff (12R) pecial (30S)	
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5. Covering Period I certify that I have examine Type or Print Name of Treas	d this Report and to the	best of my know	through ledge and be	lief it is true,		2 0 0 7		
Signature of Treasurer	Min	Piple		Date	Haligghamadi	27		
NOTE: Submission of false, e Office	rroneous, or incomplete ir	nformation may sub	pject the person	n signing this				
						Rev. 12/200		

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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