FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions	_	Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	Office use only 12FE4M5
National Truck Eq	uipment Association (TREQP	AC) Political Action Com	mit-
ADDRESS (number and street)	1300 19th Street, NW		
(Check if address	Fifth Floor		
is changed)	Washington		DC 20036 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DDRESS (Please provide only one e-m	nail address)	
(Check if address is changed)	mkastner@ntea.com		
COMMITTEE'S WEB PAG	E ADDRESS (URL)		
(Check if address		11111111	
is changed)	<u> </u>		
2. DATE 0.3	2 3 Y Y Y Y Y Y 2 0 0 9		
3. FEC IDENTIFICATION	N NUMBER	C00237644	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined t	his Statement and to the best of my know	rledge and belief it is true, correct a	and complete
	Mu Michael E Vos		
Type or Print Name of Trea	surer Mr. Michael E Kas	stner	
Signature of Treasurer E	Electronically Filed by Mr. Michae	el E Kastner	Date 0 4 / 1 3 / Y Y Y Y Y
NOTE: Submission of false, e	rroneous, or incomplete information may		utement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530	

	F	FEC F	Form 1 (Revised 02/2009)	Page 2		
5.			DMMITTEE (Check One) Committee:			
	(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.)	the candidate		
	Name Candi					
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Party	Comm				
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
	Political Action Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:		
			Corporation Corporation w/o Capital Stock La	abor Organization		
			Membership Organization X Trade Association C	ooperative		
			χ In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party		
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	loint E	Eundra	ising Representative:			
		unura				
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser			
			1. FEC ID number C			
			2. FEC ID number C			
			3. FEC ID number C			
			EEC ID number			

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 Mr. Michael E Kastner Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 — Title or Position ▼ CITY A STATE A ZIP CODI Senior Director Telephone number 202 — 557 — 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 Mr. Michael E Kastner DC 20036 —	age 3	Page		2009)	EC Form 1 (Revised 02/2009)	FEC Form 1
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon National Truck Equipment Association					ype Committee Name	Write or Type Commi
National Truck Equipment Association Mailing Address 37400 Hills Tech Drive Farmington Hills Mil 49331 CITY			Action Committee	nt Association (TREQPAC) Political Action	onal Truck Equipment Ass	National Truc
National Truck Equipment Association Mailing Address 37400 Hills Tech Drive Farmington Hills Mil 49331 CITY						
Mailing Address Farmington Hills Mil 48331 CITY	onsor	e, or Leadership PAC Sponso	draising Representative, or L	nnization, Affiliated Committee, Joint Fundraisi	of Any Connected Organization	Name of Any Co
Relationship: CITY				Association	nal Truck Equipment Asso	National Truck
Relationship: CITY						
Relationship: X Connected Organization				37400 Hills Tech Drive	g Address	Mailing Address
Relationship: X Connected Organization						
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X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 Mr. Michael E Kastner Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 Title or Position ▼ Senior Director Telephone number 202 557 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 Mr. Michael E Kastner Washington DC 20036	DE 🛦	TE▲ ZIP CODE	STATE ▲	CITY▲		
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Title or Position ▼ CITY ▲ STATE ▲ ZIP CODI Senior Director Telephone number 202 - 557 - 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 Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 1700 20						
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Washington DC 20036						
Title or Position V CITY A STATE ZIP CODE Senior Director Telephone number 202 - 557 - 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 Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 -				Fifth Floor		
Senior Director Telephone number 202 - 557 - 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 Mr. Michael E Kastner Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 -		<u>C</u> 20036		Washington		
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 Mr. Michael E Kastner Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 —	DE A	TEA ZIP CODE	STATE	CITY A	Position ♥	Title or Position ▼
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name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 –						
Mr. Michael E Kastner Mailing Address 1300 19th Street, NW Fifth Floor Washington DC 20036 –	"					
Fifth Floor Washington DC 20036 -		Mr. Michael E Kastner				
				1300 19th Street, NW	g Address	Mailing Address
				Fifth Floor		
Title or Position ♥ CITY ▲ STATE ▲ ZIP COD		<u>C</u> 20036	DC	Washington		
	DE A	TE♠ ZIP CODE	STATE	CITY A	r Position ♥	Title or Position
Treasurer Telephone number 202 _ 557	3500	202 _ 557 _	Telephone number		Treasurer	

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	Full Name of Designated Agent	Mr. Michael E Kastner		
	Mailing Address	1300 19th Street, NW		
		Fifth Floor		
		Washington	DC	20036 –
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Tro	asurer	Telephone number 202	
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.				ds accounts, rents
		First Place Bank		
	Mailing Address	24725 W. 12 Mile Road		
		Southfield	MI	48034
		CITY 🗻	STATE 4	ZIP CODE 🛕
	Name of Bank, Dep	ository, etc.		
	Mailing Address			
		CITY 🚣	STATE ⊿	ZIP CODE 🛕