

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAPXP-PAC)

ADDRESS (number and street)

6400 Collamer Rd

(Check if address is changed)

East Syracuse

NY

13057

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kandrews@kaxray.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

2. DATE

01 / 30 / 2007

3. FEC IDENTIFICATION NUMBER

C C00347658

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 Mr. Kenneth Andrews

Signature of Treasurer Electronically Filed by Mr. Kenneth Andrews

Date 01 / 30 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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

**National Association of Portable**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **X-Ray Providers**  
**1333 Village Dr.**  
**St. Joseph** **MO** **64506**  
 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 ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-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. Kenneth Andrews**

Mailing Address **6400 Collamer Rd**

**East Syracuse** **NY** **13057**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 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. Kenneth Andrews**

Mailing Address **6400 Collamer Rd**

**East Syracuse** **NY** **13057**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

**United Bank**

Mailing Address

**4005 Wilson Blvd.**

**Arlington**

**VA**

**22203**

CITY ▲

STATE ▲

ZIP CODE ▲