STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ___ (Check if name is changed)
AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION POLITICAL ACTION COMMITTEE (ATSSA PAC)

2. DATE
5/22/93

(b) Number and Street Address ___ (Check if address is changed)
5440 Jefferson Davis Highway

3. FEC IDENTIFICATION NUMBER

(c) City, State and ZIP Code
Fredericksburg, VA 22407

4. IS THIS STATEMENT AN AMENDMENT? ___ YES X NO

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 | State/District

___ (c) This committee supports/opposes only one candidate ___ (name of candidate) and is NOT an authorized committee.

___ (d) This committee is a ___ (National, State or subordinate) committee of the ___ (Democratic, Republican, etc.) Party

X (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American Traffic Safety Services Association	5440 Jefferson Davis Highway Fredericksburg, VA 22407	Connected

Type of Connected Organization
___ Corporation ___ Corporation w/o Capital Stock ___ Labor Organization ___ Membership Organization X Trade Association ___ Cooperative

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	Mailing Address	Title or Position
Liane Blake	5440 Jefferson Davis Highway Fredericksburg, VA 22407	Accounting Manager

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	Mailing Address	Title or Position
Caroline Carver	5440 Jefferson Davis Highway Fredericksburg, VA 22407	Director of Government Relatio.

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.	Mailing Address and ZIP Code
Patriot Bank	P.O. Box 610 Stafford, VA 22555

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	SIGNATURE OF TREASURER	DATE
Caroline Carver	Caroline Carver	5/24/93

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/8)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 5-25-93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SL. H
PREPARER

5-26-93
DATE PREPARED

FEC FORM 70-2 (12/92)