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FEC FORM 1

STATEMENT OF ORGANIZATION

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1.	NAME OF		
	COMMITTEE	(in	fuil)

(Check if name is changed)

Example:If typing, type over the lines.

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C01	ISUMER FI	I REWORK	5 SAP	ETY ASSO	CIATI	
POL	ITICAL	ACTION.	COMMI	TITEE PED	ERAL	ACCOUNT
ADDRE	SS (number and street)	1-6526	SHORE	DRILVE	<u> </u>	
; ;	(Check if address		<u> </u>		<u> </u>	
	is changed)	LAKE F	DREST	PARK	WAI	198193-1881
СОММІ	TTEE'S E-MAIL ADDRE	SS	CITY		STATE	ZIP CODE
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LLL	<u> </u>					
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COMMI	TTEE'S FAX NUMBER					
12,0,0	4-13631-1757	15				
2. DA	TE OS O	7008	Ž.			
3. FE	C IDENTIFICATION NU	JMBER	C 0 0 2	97077		
4. IS	THIS STATEMENT i.	. NEW (N)	OR :	AMENDED (A)		
l certify	that I have examined th	is Statement and to	the best of my	knowledge and belief it	t is true, correc	t and complete.
Type or	Print Name of Treasurer	JERAI	D E	PARLEY		
	e of Treasurer	ralle	tal	en	Date 0	5 01 2008
NOTE: S		·	<u>-</u>	bject the person signing to DULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
FE3AN042.	Office Use Only			For further Information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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TYP	E OF C	COMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	1.778	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name Cand	e of didate		
	lidate ⁄ Affiliati	ion Sought: House Senate President	State Sistrict
(c)	الميد الم	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)	1		ocratic, olican, etc.) Party.
Polit	tical A	Action Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
	············	and the state of t	or Organization
<u>-</u> .		Membership Organization Trade Association Coo	perative
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or necommittees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Comi	mittees Participating in Joint Fundraiser	
	1,	FEC ID number	and the second
	2.	FEC ID number	er og det verget v
	3.	FEC ID number C	And the second
	4.	FEC ID number C	
	5.	FEC ID number C	

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Write or Type Committee Name		
CONSUMER .	FIREWORKS SAPETY ASSOCIATION	PACPED
6. Name of Any Connected Org	ganization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraisi	ng Representative
CONSUMER FIL	REWORKS SAPETTY ASSOCIATION	,]]]]]
Mailing Address	16576 SHORE DRIVE NE	
1		
G	LIAKE FOREST PARK WAY 981	551-68311
	CITY STATE	ZIP CODE
Relationship:	3 Affiliated Committee Landovskin DAC Spanner Laint Friedra	oina Danzasantativa
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundral	sing Hepresentative
 Custodian of Records: Identifi books and records. 	ly by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name LIERAL	D. F. PARLEY	! i l l l l
. Mailing Address	1.65.26 SNORTO DRIVE N. E.	
Jae Maining Addition		
		551-5631
Title or Position	CITY STATE	ZIP CODE
EXECUTIVE	DIRECTOR Telephone number RIOIN-E	<u> </u>
8. Treasurer: List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the n sistant treasurer).	ame and address of
Full Name of Treasurer	D. E. PARLEY	<u> </u>
Mailing Address	1.6.52.6 5.40 RE: DRIVE: N. E.	
L		
	CITY PARK STATE	55-563) ZIP CODE
Title or Position LIEASULER	Telephone number Z ₁ O_b -B	131-33881
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Full Name of Designated Agent			
Mailing Address		<u> </u>	
		 	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone n	umber;	
			
Banks or Other Depositor safety deposit boxes or mai	les: List all banks or other depositories in which the comm	ittee deposits	funds, holds accounts, rents
Name of Bank, Depository,			
IR.AN K	COP AMERICA FIFE BI	SUN CH	1
Mailing Address	GOOS PAKLAIK HIGHWA		St
Mailing Address		· · · · · ·	
		4	<u> </u>
	PIPE	MX	928,4,2,4-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
L		<u> </u>	
Mailing Address		<u> </u>	
		 	
	CITY	STATE	71D 00DE
	OHT	SIAIE	ZIP CODE

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