FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		PRGANIZA	ATION		
		(See instruction	ns)		Office use only
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	Example: If typying, typ over the lines	12FE4M5	
NATIONAL P	AWNBROKERS A	SSOCIATION INC	POLITICAL ACTION	COMMITTEE (NPA	. <b>p.</b>
ADDRESS (number an	d street)	BOX 508			
(Check if addre	ss				
is changed)	Kelle	er 		<del></del>	76244
			CITY	STATE	ZIP CODE 📥
COMMITTEE'S E-M	AIL ADDRESS (Please	e provide only one e-r	mail address)		
(Check if addre	ss				
COMMITTEE'S WEI	B PAGE ADDRESS (U	IRL)			
(Check if addre	ss				
	ـــــا				
2. DATE M	M / D D / Y	Y 0 Y 9 Y			
3. <b>FEC IDENTIFIC</b>	ATION NUMBER		C C00307397		
4. IS THIS STATE	MENT X NEV	V (N) OR	AMENDED (	A)	
I certify that I have example	nined this Statement and	I to the best of my know	wledge and belief it is true, con	rrect and complete	_
Time or Drint Name o	f Transcriver	Kevin Prochaska			
Type or Print Name of	Treasurer				
Signature of Treasure	er Electronically File	d by <b>Kevin Pro</b>	chaska	_ Date 10 <sup>M</sup>	D 20 Y 2009
NOTE: Submission of			subject the person signing the		
Office Use Only			For further inform Federal Election Co Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2009)

	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	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.					
	Politic	cal Act	ion 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	abor Organization					
			Membership Organization X Trade Association C	Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	(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.)						
	Joint F	Fundra	ising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(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						
			2. FEC ID number						
			3 FEC ID number C						
			EEC ID number C						

Write or Type Committee Name

6. <b>Nam</b>	e of Any Connected Org	anization, Affiliated Committee, Joint Fund	raising Representa	tive, or Lea	adership PAC Spo	nsor
NON	<u> </u>			1 1 1		
1 1	1 1 1 1 1 1 1 1					<u> </u>
Mailir	ng Address					
		1				
		CITY	s <sup>-</sup>	ΓATE <b>≜</b>	ZIP COI	DE 🛦
Relat	tionship:				_	
	Connected Organization	Affiliated Committee Join	t Fundraising Repres	entative	Leadership PA	AC Sponsor
	session of Committee Dana M	books and records.				
Full N						
Full N	Name Dana M	leinecke				
Full N	Name Dana M	PO Box 2686		TX_	76244	
Full N	Name Dana M	PO Box 2686  Keller	S Telephone number	TATE		DE 1 8830
Full N Mailin Title	Name  Dana M  ng Address  or Position ▼  Executive  asurer: List the name a	PO Box 2686  Keller	Telephone number	TATE <b>&amp;</b> <sub>r</sub> <u>817</u>	ZIP CO	
Full N Mailin Title	Dana Moname  Ing Address  or Position ▼  Executive  asurer: List the name and address of any  Name	PO Box 2686  Keller  CITY A  Director  and address (phone number optional)	Telephone number	TATE <b>&amp;</b> <sub>r</sub> <u>817</u>	ZIP CO	
Full N Mailin Title	Dana M Name  Ing Address  or Position ▼  Executive  asurer: List the name and address of any  Name	PO Box 2686  Keller  CITY A  Director  and address (phone number optional) designated agent (e.g., assistant treasure)	Telephone number	TATE <b>&amp;</b> <sub>r</sub> <u>817</u>	ZIP CO	
Full N Mailin Title	Dana M Name  Ing Address  or Position ▼  Executive  asurer: List the name and address of any Name reasurer  Kevin I	PO Box 2686  Keller  CITY A  Director  and address (phone number optional) designated agent (e.g., assistant treasure)	Telephone number	TATE <b>&amp;</b> <sub>r</sub> <u>817</u>	ZIP CO	
Full N Mailin Title	Dana M Name  Ing Address  or Position ▼  Executive  asurer: List the name and address of any Name reasurer  Kevin I	PO Box 2686  Keller  CITY A  Director  and address (phone number optional) designated agent (e.g., assistant treasure)  Prochaska  1921 Bridgecrest Lane	Telephone number of the treasurer of the treasurer of treasurer of treasurer of the treasur	r 817	ZIP CO	8830

Full Name of Designated Agent  Mailing Address  Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone number — — — — — — — — — — — — — — — — — — —		FEC Form 1 (Revised 0	02/2009)		Page 4
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone number		Designated			
P. 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.  CITY A STATE ZIP CODE A  Name of Bank, Depository, etc.		Mailing Address			
P. 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.  CITY A STATE ZIP CODE A  Name of Bank, Depository, etc.					
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.  CITY A STATE ZIP CODE A  Name of Bank, Depository, etc.  Mailing Address		Title or Position ▼	CITY A	STATE A	ZIP CODE A
Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address  CITY A STATE ZIP CODE A  Name of Bank, Depository, etc.  Mailing Address			Telep	phone number – .	
Mailing Address  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.  Mailing Address	9.	safety deposit boxes or mainta	ains funds.	committee deposits funds, holds	accounts, rents
Mailing Address  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.  Mailing Address		Name of Bank, Depository, etc	).		
CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Mailing Address					
CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Mailing Address		Mailing Address			
Name of Bank, Depository, etc.  Mailing Address					
Name of Bank, Depository, etc.  Mailing Address					
Mailing Address  Mailing Address			CITY 🗖	STATE⊿	ZIP CODE 🛕
Mailing Address  Line Indiana Address		Name of Bank, Depository, etc	).		
CITY A STATE A ZIP CODE A		Mailing Address			
CITY A STATE A ZIP CODE A					
CITY A STATE A ZIP CODE A					
OTATE EI OOSE Z			CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕