

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 Structured Settlement Trade Association Political Action Comm-
ittee

ADDRESS (number and street)

2025 M Street NW

(Check if address is changed)

Suite 800

Washington

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

smoye@smithbucklin.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2023672288

2. DATE

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00219444

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. Joseph Ricci

Signature of Treasurer

Electronically Filed by Mr. Joseph Ricci

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

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 Structured Settlements Trade Association

Mailing Address **2025 M Street NW**
Suite 800
Washington DC 20036
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

National Structured Settlement Trade Association Political Action Committee

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. Joseph Ricci**

Mailing Address **2025 M Street NW**

Suite 800

Washington DC 20036

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

Telephone number **202 367 1159**

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. Joseph Ricci**

Mailing Address **2025 M Street NW**

Suite 800

Washington DC 20036

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

Telephone number **202 367 1159**

Full Name of Designated Agent

Mailing Address

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.

SunTrust Bank

Mailing Address **P.O. Box 622227**

Orlando **FL** **32862** -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Chevy Chase Bank

Mailing Address **P.O. Box 1296**

Laurel **MD** **20707** -

CITY ▲ STATE ▲ ZIP CODE ▲