FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		See instructions)	ION		Office use only
NAME OF COMMITTEE (in	full) (Chec	ck if name anged)	Example: If typying, type over the lines	12FE4M5	
American Pol	itical Action Committe	e 			
ADDRESS (number and	street) PO Box 10	682 			
(Check if add is changed)	ress Bellevue			L WA	98009 -
		CIT	Y_	STATE	ZIP CODE 📥
committee's e-ma	all address aol.com; jhvg@liberty 	.seanet.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				•
www.ameripa	ac.org				
	<u> </u>				
COMMITTEE'S FAX 4254513959	NUMBER				
2. DATE M 0 1	M / D D / Y Y 20	0 7			
3. FEC IDENTIFICA	ATION NUMBER	C	C99002396		
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the	best of my knowled	ge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer	ersnel			
Signature of Treasure	r Electronically Filed by	J.H. Versnel		Date 0 1	25 / Y Y Y Y Y
NOTE: Submission of fa	·	•	ject the person signing this Stat	·	s of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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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 cainformation below.)	andidate
	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	
		emocratic, oublican,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 fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
l		.
	Mailing Address	
	CITY▲ STATE▲ 2	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name			Page 3
American Political Action (Committee		
 Custodian of Records: Identifi possession of Committee book 	y by name, address, (phone numb oks and records.	er optional), and position of t	he person in
Full Name Alan M Go	ttlieb		
Mailing Address	PO Box 1682		
_	Bellevue	WA	98009 _
Title or Position ♥	CITY 🛦	STATE▲	ZIP CODE A
President		Telephone number 425	
Mailing Address	12500 NE 10th Place		
	Bellevue		98034
Title or Position ♥	Bellevue	WASTATE▲	98034
Title or Position ♥ Treasurer			
•		STATE ▲	ZIP CODE ▲
Treasurer Full Name of Designated		STATE ▲	ZIP CODE ▲
Treasurer Full Name of Designated Agent		STATE ▲	ZIP CODE ▲

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9.	Banks or Other I								ba	nks	s o	r o	the	er d	lep	osi	tor	ies	in	wh	ich	the	e co	om	mit	tee	de	epo	sits	s fu	nds	s, h	old	s a	CCC	un	ts,	ren	ts				
	Name of Bank, De	eposi	itory,	etc.																																							
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	Mailing Address																	L	1									L									Ш		Ш		丄		
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