Image# 26930731114

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 SKI AREAS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 133 S VAN GORDON ST STE 300

☐ (Check if address is changed)

LAKEWOOD CO 80228

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lauram@nsaa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3039862345

2. DATE M M 12 / D D 12 / Y Y Y Y 2006

3. **FEC IDENTIFICATION NUMBER** C C00327130

4. IS THIS STATEMENT [X] 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 **Laura Menozzi**

Signature of Treasurer Electronically Filed by **Laura Menozzi** Date M M 12 / D D 12 / Y Y Y Y 2006

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)

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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 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**

Mailing Address

CITY **STATE** **ZIP CODE**

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

NATIONAL SKI AREAS 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: **Laura Menozzi**

Mailing Address: **133 S. Van Gordon St.**

Suite 300

Lakewood **CO** **80228** –

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

Telephone number _____ – _____ – _____

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: **Laura Menozzi**

Mailing Address: **133 S. Van Gordon St.**

Suite 300

Lakewood **CO** **80228** –

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

Telephone number _____ – _____ – _____

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **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.

Mailing Address

CITY **STATE** **ZIP CODE**