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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COASTAL FOREST RESOURCES COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 1128

(Check if address is changed)

HAWAII

HI

32333-1128

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tyahn@coastalforestresources.com

COMMITTEE'S WEB PAGE ADDRESS (URL) N/A

COMMITTEE'S FAX NUMBER

850-539-6799

2. DATE

12 / 08 / 2006

3. FEC IDENTIFICATION NUMBER

C00281824

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

Patricia C Yahn

Signature of Treasurer

*PCY*

Date

12 / 08 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

26039314316

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

COASTAL FOREST RESOURCES COMPANY

Mailing Address P.O. BOX 1128

HAVANA FL 32333-1128

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

26029314320

Write or Type Committee Name

Coastal Forest Resources Company PAC

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 PATRICIA C. YAHN

Mailing Address P.O. BOX 1128

HAVANA FL 32333-1128

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 850-539-6432

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 PATRICIA C. YAHN

Mailing Address P.O. BOX 1128

HAVANA FL 32333-1128

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 850-539-6432

Full Name of Designated Agent THOMAS D. EVANS

Mailing Address P.O. BOX 849

WELDON NC 27890-0849

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number

26039314321

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.

BRANCH BANKING & TRUST

Mailing Address

PO BOX 1849

LUMBERTON NC 28539-1849

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

28039314322

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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*JMS*  
 PREPARER  
 (3/2005)

*12-18-05*  
 DATE PREPARED

26039314323