

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
COPPER TOWN CENTER

2006 SEP 23 12:13
U.S. ELECTIONS ONLY

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

WINGSPAN

ADDRESS (number and street)

400 GARDNER BLVD #1560

(Check if address is changed)

SACRAMENTO

CA

95814

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 06 2002

3. FEC IDENTIFICATION NUMBER

000380543

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

David Bauer

Signature of Treasurer

David Bauer

Date

08 23 2002

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 Use Only

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

FEC FORM 1
(Revised 1/01)

www.fecfile.com

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

N.O.K.G. _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

2022 + 2023 + 2024 + 2025 + 2026 + 2027 + 2028 + 2029 + 2030 + 2031 + 2032

Write or Type Committee Name

WESTPAC

- 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 DAVID BAKER

Mailing Address 400 CAPITOL MALL #1550

SACRAMENTO CA 95814

Title or Position CITY STATE ZIP CODE

CEO Telephone number 9166469049

- 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 (s.g., assistant treasurer).

Full Name of Treasurer DAVID BAKER

Mailing Address 400 CAPITOL MALL #1550

SACRAMENTO CA 95814

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 9166469049

Full Name of Designated Agent

Mailing Address

SACRAMENTO CA 95814

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.

WELLS FARGO BANK

Mailing Address

100 CAPITOL BLVD

SACRAMENTO CA 95814

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> | Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> | First Class Mail | POSTMARKED 8-28-02 |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> | No Postmark | |
| <input type="checkbox"/> | Postmark Illegible | |
| <input type="checkbox"/> | Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> | Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> | Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> | Electronic Filing | |
| <i>JE</i> PREPARER | | 9-3-02 DATE PREPARED |

(6/2000)