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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

PGA TOUR, INC. POLITICAL ACTION COMMITTEE
(PGA TOUR POLITICAL ACTION COMMITTEE)

ADDRESS (number and street)

112 PGA TOUR BLVD

(Check if address is changed)

PONTE VEDRA BEACH FL 32082

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

DENISEBROWN@PGATOURHQ.COM

SHANNONDELEGAL@PGATOURHQ.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

904 - 273 - 3464

2. DATE

12 / 19 / 2006

3. FEC IDENTIFICATION NUMBER

C00196428

4. IS THIS STATEMENT

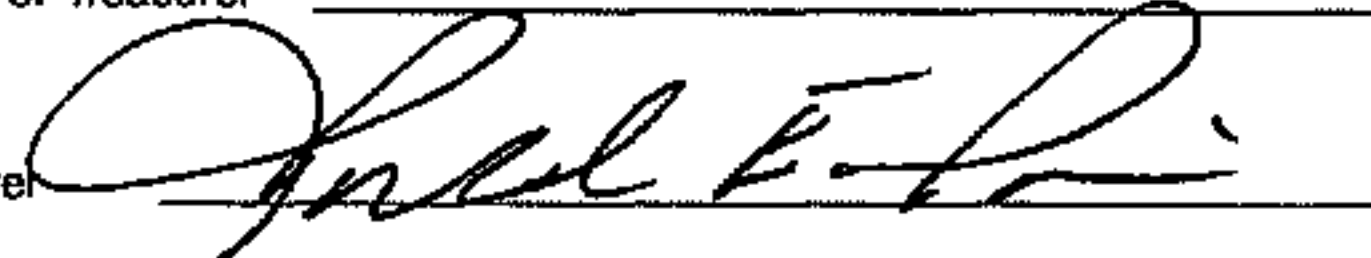
NEW (N)

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 RONALD E. PRICE

Signature of Treasurer 

Date 12 / 21 / 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 Use Only				
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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

PGA TOUR INC. _____

Mailing Address 100 PGA TOUR BLVD _____

PONTE VEDRA BEACH FL 32082 - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED ORGANIZATION _____

Type of Connected Organization:

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

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Write or Type Committee Name

PGA TOUR, INC. 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 SHANNON STRONG DELEGAL

Mailing Address 112 PGA TOUR BLVD

PONTE VEDRA BEACH FL 32082

Title or Position CITY STATE ZIP CODE

TAX MANAGER Telephone number 904-273-3551

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 RONALD E. PRICE

Mailing Address 112 PGA TOUR BLVD

PONTE VEDRA BEACH FL 32082

Title or Position CITY STATE ZIP CODE

EXEC VP/CFO Telephone number 904-285-3700

Full Name of Designated Agent DENISE G. BROWN

Mailing Address 112 PGA TOUR BLVD

PONTE VEDRA BEACH FL 32082

Title or Position CITY STATE ZIP CODE

VP CORPORATE TAX SERVICES Telephone number 904-273-3456

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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.

WACHOVIA

Mailing Address

700 SAWGRASS VILLAGE DRIVE

PONTE VEDRA BEACH FL 32082

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2603932746

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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USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2005)

12/26/06
 DATE PREPARED

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