



Food Company, Inc.

31365 Oak Crest Drive • Westlake Village, CA 91361 • Phone (818) 879-6812 • Fax (818) 879-6815

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

OCT 19 A 10:03

Freya Mahelk  
Manager of the Office of the Corporate Secretary  
and Assistant Corporate Secretary

Via Overnight Courier

October 18, 1999

Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

Gentlemen:

Enclosed please find an original and one copy of an Amended Statement of Organization as being filed by the Dole Food Company, Inc. Political Action Committee to report a change in the Assistant Treasurer of the Committee.

In addition, enclosed is a copy of this letter that we request be date-stamped and returned in the enclosed postage paid, self-addressed envelope.

Under copy of this letter, a copy of the Amended Statement of Organization has been sent to the State of California, Fair Political Practices Commission.

Very truly yours,

Secretary of the Committee

Enclosures

cc: California Secretary of State  
Political Reform Division  
Fair Political Practices Commission  
428 J Street, Suite 450  
Sacramento, CA 95812

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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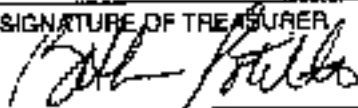
1. (a) NAME OF COMMITTEE IN FULL <b>Dole Food Company, Inc. Political Action Committee</b>	<input type="checkbox"/> (Check if name is changed)	2. DATE <b>10/05/99</b>
(b) Number and Street Address <b>31365 Oak Crest Drive</b>	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number <b>C00109363</b>
(c) City, State and ZIP Code <b>Westlake Village, CA 91361-4634</b>		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Type of Connected Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative		
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	Mailing Address	Title or Position
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	Mailing Address	Title or Position
<b>Gil Horok</b>	<b>31365 Oak Crest Dr., Westlake VLG, CA 91361</b>	<b>Assistant Treasurer</b>
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 and ZIP Code	

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 <b>Beth Potillo</b>	SIGNATURE OF TREASURER 	DATE <b>10/18/99</b>
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN053

**FEC FORM 1**  
(revised 4/87)

## 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.



Hand Delivered

Date of Receipt

10-19-99



First Class Mail

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Received from the House office of Records  
and Registration

Date of Receipt

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Records

Date of Receipt



Other ( Specify):

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and/or Date of Receipt



Electronic Filing

JL

PREPARER

10-19-99

DATE PREPARED