

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ROOM
2002 JUN -3 AM 10 29

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

EI PASO MUNICIPAL POLICE OFFICERS ASSOCIATION INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 747 E SAN ANTONIO #103
(Check if address is changed) EI PASO TX 79901-2557
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

EPMP0A@WHIO.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.EPMP0A.ORG

2. DATE 06 27 2002

3. FEC IDENTIFICATION NUMBER C 00363606

4. IS THIS STATEMENT NEW (N) OR X 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 CHRISTOPHER T. MEARS

Signature of Treasurer *Christopher T. Mears*

Date 06 27 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §427g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

6 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
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- (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.

5. 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

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 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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent DEAN KINDER

Mailing Address 747 E SAN ANTONIO #103

EL PASO TX 79901 2557

Title or Position CITY STATE ZIP CODE

2ND. VICE-PRESIDENT Telephone number 915. 544. 4792

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 ▲

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 6-27-02
<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	
 PREPARER		7-3-02 DATE PREPARED