

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|                                                                                                                   |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)<br><u>Elections Committee of the County of Orange</u> | 2. DATE<br><u>July 27, 1994</u>                                                                           |
| (b) Number and Street Address (Check if address is changed)<br><u>700 E. Garry, Suite 108</u>                     | 3. FEC IDENTIFICATION NUMBER<br><u>000197502</u>                                                          |
| (c) City, State and ZIP Code<br><u>Santa Ana, California 92705</u>                                                | 4. IS THIS STATEMENT AN AMENDMENT?<br><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.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|------------------------------------------------------------|------------------------------|--------------|
|                                                            |                              |              |

Type of Connected Organization  
 Corporation     Corporation w/o Capital Stock     Labor Organization     Membership Organization     Trade Association     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   |
|-------------|-----------------|---------------------|
| Carl Berman | Same as Above   | Assistant Treasurer |

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   |
|------------------|-----------------|---------------------|
| Carl Berman      | same as above   | Assistant Treasurer |
| Paul A. Strubala | same as above   | Treasurer           |

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                                 |
|--------------------------------|--------------------------------------------------------------|
| City National Bank             | 13191 Crossroads Parkway North<br>City of Industry, CA 91740 |

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<br><u>Paul A. Strubala</u> | SIGNATURE OF TREASURER<br> | DATE<br><u>8/1/94</u> |
|------------------------------------------------------------|----------------------------|-----------------------|

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 202-376-3120

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

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**Federal Election Commission  
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9 4 6 3 9 1 7 6 3 4 4