LAW OFFICES OF
NIELSEN, MERKSAMER,
FARRINELLO, MUELLER & NAYLOR
A PARTNERSHIP INCLUDING A PROFESSIONAL CORPORATION
591 REDWOOD HIGHWAY #4000
MILL VALLEY, CALIFORNIA 94941
TELEPHONE (415) 389-6800

SACRAMENTO
[illegible] STREET, SUITE 800
SACRAMENTO, CALIFORNIA 95814
TELEPHONE (916) 446-6752

600 CALIFORNIA STREET, SUITE 2000
SAN FRANCISCO, CALIFORNIA 94108
TELEPHONE (415) 389-6800

FEDERAL ELECTION COMMISSION
MAIL ROOM
DEC 14 8 36 AM '93

December 8, 1993

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Filing Officer:

Enclosed herewith please find the original signed copy of the following for:

Crowley Maritime Federal Political Action Committee

for the period _____ through _____.

- [x] Form 1
- [ ] Form 3X
- [x] Amendment to above
- [ ] Other: _____

- [ ] Report to the Federal Election Commission sent by Certified Mail, Return Receipt Requested
- [ ] Report(s) to state filing official(s) sent with Certificate of Mailing

Please endorse this transmittal letter as acknowledment of receipt of the enclosed report and return it in the stamped envelope provided.

cc: California

dif\prs\campaign forms\fec.ltr

93038591421

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1 (a) NAME OF COMMITTEE IN FULL (Check if name is changed)

Crowley Maritime Federal Political Action Committee

2 DATE

12/8/93

(b) Number and Street Address (Check if address is changed)

155 Grand Avenue, 9th Floor

3 FEC IDENTIFICATION NUMBER

C00147231

(c) City, State and ZIP Code

Oakland, CA 94612

4 IS THIS A TERMINATION AMENDMENT?

X YES 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 _____ (name of candidate) and is NOT an authorized committee

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

X (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
No change		

Type of Connected Organization

X 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
No change		

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
No change		

9 **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or invests funds

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Bank of Marin	50 Madera Boulevard Corte Madera, CA 94925

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	SIGNATURE OF TREASURER	DATE
Gregory Keil		11/22/93

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)

93 NOV 22 AM 9:16

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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
☑	First Class Mail	POSTMARKED 12/8/93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

12/14/93
DATE PREPARED

FEC FORM 73-2 (12/92)

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