



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
FEDERAL ELECTION COMMISSION
JUN 1 1994

RG-1001 11 0 53 01 '94

Grant E. M. Matheke, Treasurer
Fairbanks Pro-Choice PAC
2064 Goldstream Rd.
Fairbanks, AK 99709-6209

JUN 1 1994

Identification Number: C00293829

Reference: Statement of Organization

Dear Mr. Matheke:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Neil Evans
Reports Analyst
Reports Analysis Division

94039061422



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-6

June 23, 1994

Grant E. M. Matheke, Treasurer
Fairbanks Pro-Choice PAC
2064 Goldstream Road
Fairbanks, AK 99709-6209

Identification Number: C00293829

Reference: Statement of Organization

Dear Mr. Matheke:

This letter is to inform you that as of June 22, 1994, the Commission has not received your response to our request for additional information, dated June 1, 1994. That notice requested information essential to full public disclosure of your federal election financial activity and to ensure compliance with provisions of the Federal Election Campaign Act (the Act). A copy of our original request is enclosed.

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Neil Evans on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

94039061423

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) NEW Fairbanks Pro-Choice PAC - G. Mattheke Trust	2. DATE 4-22-94
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2064 Goldstream Rd	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Fairbanks AK 99709-6209	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" 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
None		

- 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
Lisa Penhaver	Skylime Dr Fairbanks AK 99702	President

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
Grant Mattheke	2064 Goldstream Rd Fairbanks AK 99709-6209	(907) 455-6470 Am 474-6921 Treasurer
Shari George	Nugget Loop, Foks AK 99709	Asst. 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
Norther Schools Federal Credit Union	1417 Gullum Way Fairbanks AK 99701

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 Grant E. M. Mattheke	SIGNATURE OF TREASURER 	DATE 4-26-94
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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 202-376-3120

FEC FORM 1
(revised 4/87)

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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

7-5-94

Registered/Certified Mail

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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

JMN
PREPARER

7-11-94
DATE PREPARED

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