STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION PAC FUND

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

1517 SOUTHLAKE PARKWAY

(c) City, State and ZIP Code

MORROW, GA 30260

JAN 31 12 31 PM '94

2. DATE

03-26-93

3. FEC IDENTIFICATION NUMBER

C00265546

4. IS THIS STATEMENT AN 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION, INC.	1517 SOUTHLAKE PARKWAY MORROW, GA 30260	CONNECTED

Type of Connected Organization

[ ] Corporation [X] 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
CINDY WEBSTER	1517 SOUTHLAKE PARKWAY MORROW, GA 30260	800/233-3506	COMPTROLLER

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
JACK L. ROBERTS	1517 SOUTHLAKE PARKWAY, MORROW, GA 30260	TREASURER
CHUCK REYNOLDS	1962-C OLD CLINTON RD, MACON, GA 31211	ASS'T. TREASURER
JEFF FLUCK	P.O. BOX 365, KNIGHTDALE, NC 27545	ASS'T. TREASURER
STEVE HELTON	P.O. BOX 1591, PIGEON FORGE, TN 37868	ASS'T. 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
WACHOVIA	6145 N MAIN STREET MORROW, GA 30260

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
JACK L. ROBERTS	[signature]	27 JAN. 94

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 1-31-94
☐	First Class Mail	POSTMARKED
☐	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

MH.
PREPARER

1-31-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 7 5 5 4 3 3