

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed by this form) <b>Hughes Electronics Corporation Fund</b>	2. DATE <b>1/30/98</b>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <b>Bldg. ES/001/A121, 200 N. Sepulveda Blvd. #1100</b>	3. IDENTIFICATION NUMBER <b>C00331991</b>
(c) City, State and ZIP Code <b>El Segundo, CA 90245</b>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**E. 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 | Cities 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) (Democrat, 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See Attachment		

**Type of Connected Organization**  
 Corporation  Corporation with 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
Daralyn E. Reed	1234 Sixth Street, #204 Santa Monica, CA 90401	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
Daralyn E. Reed	1234 Sixth Street, #204 Santa Monica, CA 90401	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
Hughes Aircraft Employees Federal Credit Union	1440 Rosecrans Avenue Manhattan Beach, CA 90266

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 <b>Daralyn E. Reed</b>	SIGNATURE OF TREASURER 	DATE <b>1/30/98</b>
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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. § 437c. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-376-3120

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

STATEMENT OF ORGANIZATION ATTACHMENT

Committee: Hughes Electronics Corporation Fund

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Hughes Electronics Corporation	7200 Hughes Terrace, C-129 Los Angeles, CA 90045	Connected Organization
Civic Involvement Program/ General Motors Corporation	3044 W. Grand Blvd. Room 11-120 Detroit, MI 48202	Affiliated PAC

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-2-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
MVD	2-2-98
PREPARER	DATE PREPARED