12/03/2003 11 : 28

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Crowley Maritime Federal PAC

ADDRESS (number and street)

1909 K Street, N.W.

(Check if address is changed)

Suite 600

Washington DC 20006 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mroberts@thompsoncoburn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-585-6969

2. DATE M M D D Y Y Y Y 12 03 2003

3. **FEC IDENTIFICATION NUMBER** **C C00147231**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

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 Michael G. Roberts

Signature of Treasurer Electronically Filed by Michael G. Roberts Date M M D D Y Y Y Y 12 03 2003

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

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Crowley Maritime Corporation and Its Subsidiaries

Mailing Address 155 Grand Avenue, 7th Floor

Oakland CA 94612 -

CITY▲ STATE▲ ZIP CODE ▲

Relationship Connected Organization

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Crowley Maritime Federal PAC

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: Michael G. Roberts

Mailing Address: 1909 K Street, N.W.
Suite 600
Washington DC 20006 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number 202 – 585 – 6914

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 of Treasurer: Albert Marucco

Mailing Address: 262 St. Paul Drive
Alamo CA 94507 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Vice President & Tre

Telephone number 510 – 251 – 7535

Full Name of Designated Agent: Michael G. Roberts

Mailing Address: 1909 K Street, N.W.
Suite 600
Washington DC 20006 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number 202 – 585 – 6914

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.

SunTrust Bank

Mailing Address P.O. Box 85024

Richmond VA 23285 - 5024

CITY △ STATE △ ZIP CODE △

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name: Edgar Bruce Love

Mailing Address: 5958 Monterey Avenue

CITY ▲	STATE ▲	ZIP CODE ▲
Richmond	CA	94805

Title or Position ▼: Corporate Secretary.

Telephone number: 510 - 251 - 7898