# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

ARROWHEAD FEDERAL POLITICAL ACTION COMMITTEE

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

2121 N 'D' STREET

(c) City, State and ZIP Code

SAN BERNARDINO, CA 92402

2. DATE

AUGUST 26, 1998

3. FEC IDENTIFICATION NUMBER

C00323501

4. IS THIS STATEMENT AN AMENDMENT?

New Amended (original)

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

| Name of Candidate | Candidate Party Affiliation | Office Sought |
|---|---|---|
| | | |

☐ (c) This committee supports/opposes only one candidate _____ and (name of candidate)

☐ (d) This committee is a _____ committee of the _____ (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 |
|---|---|---|
| ARROWHEAD GROUP | 303 E. VANDERBILT WAY<br>SUITE 150<br>SAN BERNARDINO, CA 92408 | CONNECTED ORGANIZATION |

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 |
|---|---|---|
| DAWNE BAKER | P.O. Box 735, San Bernardino, CA 92410 | |

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 |
|---|---|---|
| DAWNE BAKER | P.O. Box 735, San Bernardino, CA 92410 | 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 |
|---|---|
| ~~SAN BERNARDINO COUNTY CENTRAL~~ ARROWHEAD CREDIT UNION | P.O. Box 735<br>San Bernardino, CA 92410 |

*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 |
|---|---|---|
| Dawne Baker | Dawne Baker 9-30-98 | [redacted] |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement [redacted]

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
(revised 4

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 |
| ☑ | Registered/Certified Mail | POSTMARKED 10-2-98 |
| ☐ | 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 |
| ☐ | Electronic Filing | |

JEN — PREPARER

10-6-98 — DATE PREPARED

(4/98)