

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|   |                    |   |
|---|--------------------|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br>Salem Communications Corporation Political Action Committee | MAIL ROOM          | 2. DATE<br>11/19/96   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br>4800 Santa Rosa Road, Suite 300                             | DEC 26 9 05 AM '96 | 3. FEDERAL IDENTIFICATION NUMBER<br>000321158   |
| (c) City, State and ZIP Code<br>Camarillo, CA 93012   |                    | 4. IS THIS STATEMENT AN AMENDMENT?<br><input checked="" type="checkbox"/> YES <input 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 |
|--|------------------------------|--------------|
|  |                              |              |

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   |
|----------------|--|---------------------|
| Eric Halvorson | 4880 Santa Rosa Road, Suite 300<br>Camarillo, CA 93012 | Assistant Treasurer |

8. 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 |
|--------------------------------|------------------------------|
|                                |                              |

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<br>Charles A. Merritt III | SIGNATURE OF TREASURER<br> | DATE<br>12/12/96 |
|---|----------------------------|------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

12-19-96

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

*Srb*  
PREPARER

12-26-96  
DATE PREPARED