# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

CASK CORPORATION PAC (CASK PAC)

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

700 STATE STREET

(c) City, State and ZIP Code

RACINE WI 53404

2 DATE

JUNE 21, 1995

3. FEC IDENTIFICATION NUMBER

4 IS THIS STATEMENT AN AMENDMENT? ☐ 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.

☒ (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 |
|---|---|---|
| CASK CORPORATION | 700 STATE ST.<br>RACINE WI 53404 | CONNECTED |
| TENNECO EMPLOYEES GOOD GOVERNMENT FUND (TEGGF) | P.O. BOX 2511<br>HOUSTON TX 77252 | AFFILIATED |

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 |
|---|---|---|
| D.A. BEAKLEY | TENNECO INC.<br>P.O. BOX 2511<br>HOUSTON, TX 77252 | (1) SPECIAL PROJECT CONSULTANT<br>(2) ASST. TREASURER, TEGGF |

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 |
|---|---|---|
| AL L. DERGA | 700 STATE STREET<br>RACINE WI 53404 | TREASURER |
| LAURIE M. MYREN | (SAME) | ASST. 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 |
|---|---|
| NATIONSBANK OF TEXAS, N.A. | P.O. BOX 2518<br>HOUSTON TX 77252-2518 |

*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 |
|---|---|---|
| AL L. DERGA | Al L Derga | JUNE 21, 1995 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the 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)

**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 6-30-95 |
| ☐ | 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 |

SEU. — PREPARER

6-29-95 — DATE PREPARED

FEC FORM 70-2 (12/92)