

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) **FEDERAL ELECTORAL COMMISSION** 2. DATE **September 12, 1996**

(b) Number and Street Address (Check if address is changed) **MAIL ROOM** 3. FEC IDENTIFICATION NUMBER **000156216**

(c) City, State and ZIP Code **Alexandria, VA 22314-1561** 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 _____ 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Personal Communications Industry Association	500 Montgomery Street, Suite 700 Alexandria, VA 22314-1561	Connected Organization

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
Robert R. Cohen	500 Montgomery Street, Suite 700 Alexandria, VA 22314-1561	Manager-Government Relations

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
Mark J. Golden	500 Montgomery Street, Suite 700 Alexandria, VA 22314-1561	Treasurer
Robert R. Cohen	(same address)	Assistant Treasurer
Thomas E. Wanley	(same address)	Assistant 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
Nations Bank	1501 Duke Street Alexandria, VA 22314

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 Robert R. Cohen	SIGNATURE OF TREASURER <i>Robert R. Cohen</i>	DATE 9/12/96
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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. §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
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The Commission has added this page to the end of this filing to indicate how it was received.

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and/or DATE OF RECEIPT

JMN
PREPARER

9/12/96
DATE PREPARED