

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is on ballot) **ARIZONA ROCK PRODUCERS ASSOCIATION, INC. (ARPA) FED. PAC**

1.2) Number and Street Address (Check if address is changed) **1825 WEST ADAMS**

1.3) City, State and ZIP Code **PHOENIX, AZ 85007**

2. DATE **9/12/94**

3. FEC IDENTIFICATION NUMBER **SEP 19 8 32 AM '94**

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
ARIZONA ROCK PRODUCTS ASSOC., INC.	1825 W. ADAMS, PHOENIX, AZ 85007	CONNECTED

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
KENNETH L. QUARTERMAIN	1825 W. ADAMS PHOENIX, AZ 85007 (602) 271-0346	EXECUTIVE DIRECTOR
JOHN L. FOWLER	1825 W. ADAMS, PHOENIX, AZ 85007	TREASURER
KENNETH L. QUARTERMAIN	(SAME)	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
BANK OF AMERICA, ARIZONA HOME OFFICE BRANCH, 001	101 W. 1ST AVE. PHX, AZ 85003

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OF PRINT NAME OF TREASURER: **JOHN L. FOWLER** SIGNATURE OF TREASURER: *[Signature]* DATE: **9/15/94**

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)

