

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) TOEL FOR U.S. SENATE	2. DATE 6/15/00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 3131 W PARADISE LANE	3. FEC Identification Number
(c) City, State and ZIP Code PHOENIX, ARIZONA 85053	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECRETARY OF THE SENATE

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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
WILLIAM HENRY TOEL | Candidate Party Affiliation
INDEPENDENT/NONE | Office Sought
U.S. SENATOR | State/District
ARIZONA |
|--|--|--------------------------------------|----------------------------------|
- (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.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

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
LISA M. TOEL	3131 W PARADISE LN, PHOENIX AZ 85053	TREASURER

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
LISA M. TOEL	3131 W PARADISE LN, PHOENIX AZ 85053	TREASURER
JAMES P. TOEL	12631 N 34TH PL, PHOENIX AZ 85032	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
WESTERN SECURITY BANK	7900 E RAINTREE DR, SCOTTSDALE AZ 85260

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 LISA M. TOEL	SIGNATURE OF TREASURER <i>Lisa Marie Toel</i>	DATE 6/23/00
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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 202-219-3420

FEBAN121

FEC FORM 1

(revised 4/97)

