

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC INFORMATION DIVISION

C (FEC 1/1999)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="text-align: center;"><i>BILL MCCAMPBELL FOR CONGRESS</i></p>	2. DATE <p style="text-align: center;"><i>3/23/97</i> 97 MAR 31 PM 12:28</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="text-align: center;"><i>395 DEL MONTE CENTER</i></p>	3. FEC Identification Number <p style="text-align: center;"><i>0002 581 78</i></p>
(c) City, State and ZIP Code <p style="text-align: center;"><i>MONTEREY, CA 93940</i></p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" 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 <i>BILL MCCAMPBELL</i>	Candidate Party Affiliation <i>REPUBLICAN</i>	Office Sought <i>U.S. HOUSE OF REP.</i>	State/District <i>CA 17</i>
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- (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
<i>NONE</i>		

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 <i>JAMELLE MCCAMPBELL</i>	Mailing Address <i>395 DEL MONTE CENTER MONTEREY, CA 93940</i>	Title or Position <i>TREASURER</i>
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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 <i>JAMELLE MCCAMPBELL</i>	Mailing Address <i>395 DEL MONTE CENTER MONTEREY, CA 93940</i>	Title or Position <i>TREASURER</i>
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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. <i>SWELLS MARGO BANK</i>	Mailing Address and ZIP Code <i>PACIFIC GROVE BRANCH - FOREST AVENUE PACIFIC GROVE, CA 93950</i>
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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 <i>JAMELLE MCCAMPBELL</i>	SIGNATURE OF TREASURER 	DATE <i>3/23/97</i>
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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.

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.

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PREPARER

3-31-97

DATE PREPARED