

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) <b>Friends of DiCiccio</b>	2. DATE <b>2/9/00</b>
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) <b>16633 S. 41st Place</b>	3. FEC Identification Number
(c) City, State and ZIP Code <b>Phoenix, AZ 85048</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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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<br><b>Salvatore A. DiCiccio</b> | Candidate Party Affiliation<br><b>Republican</b> | Office Sought<br><b>U.S. House</b> | State/District<br><b>AZ-1</b> |
|---|--|------------------------------------|-------------------------------|
- (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

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 <b>Lynda White</b>	Mailing Address <b>16240 N. 38th Way Phoenix</b>	Title or Position <b>Treasurer</b>
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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 <b>Lynda White</b>	Mailing Address <b>16240 N. 38th Way Phoenix, AZ 85032</b>	Title or Position <b>Treasurer</b>
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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. <b>Bank of America, N.A.</b>	Mailing Address and ZIP Code <b>P.O. Box 798 Wichita, KS 67201</b>
<b>Heritage West Securities</b>	<b>1550 N. Central Ave Ste 610 Phoenix, AZ 85004</b>

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 <b>Lynda White</b>	SIGNATURE OF TREASURER <i>Lynda White</i>	DATE <b>2/9/00</b>
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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. 5437g. 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

FECAN121

**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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-11-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	<i>2-11-00</i> DATE PREPARED