

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|--|---|
| <p>1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) Your Pro-Choice Voter Guide</p> <p>(b) Number and Street Address (Check if address is changed) 1592 Union St., #477</p> <p>(c) City, State and ZIP Code San Francisco, CA 94123</p> | <p>2. DATE 4/13/94</p> <p>3. FEC IDENTIFICATION NUMBER 00270439</p> <p>4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|---|

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.

| 6. 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 |
| Philip Muller | 1592 Union St., #477 San Francisco, CA 94123 | 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 |
| Philip Muller | 1592 Union St., #477 San Francisco, CA 94123 | 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 |
| Wells Fargo Bank | 1900 Union St. San Francisco, CA 94123 |

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 | SIGNATURE OF TREASURER | DATE |
| Philip Muller | | 4/13/94 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437p. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission
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PREPARER

4-17-94
DATE PREPARED

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