

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 14 10 28 AM '95

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Columbia River Customs Brokers & Forwarders Assn. PAC	2. DATE 8/1/95
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1201 Pennsylvania Avenue, NW Suite 821	3. FEC Identification Number
(c) City, State and ZIP Code Washington, DC 20004	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	Candidate Party Affiliation	Office Sought	State/District

(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
Columbia River Customs Brokers & Forwarders Association	1201 Pennsylvania Ave, NW Suite 821 Washington, DC 20004	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 Kathryn L. Beaubien	Mailing Address 1201 Pennsylvania Ave, NW #821 Washington, DC 20004	Title or Position Secretary
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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 Bob Coleman	Mailing Address 1201 Pennsylvania Ave, NW #821 Washington, DC 20004	Title or Position Treasurer
Full Name Peter Friedmann	Mailing Address Washington, DC 20004	Title or Position 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. Bank of America	Mailing Address and ZIP Code P.O. Box 30746 Los Angeles, CA 90030-0746
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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 Peter Friedmann, Asst. Treasurer	SIGNATURE OF TREASURER 	DATE 8/1/95
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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.

