

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

PATRICK MORRISON
7401 SHORT STATION ROAD
PHILPOT, KY 42366

SEP 1 9 26 AM '95

August 31, 1995

Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

VIA EXPRESS MAIL

Re: Filing of Form 1

Please find enclosed FEC Form 1, the Statement of Organization, for ALL-PAC. If there are any questions regarding the Statement of Organization please feel free to contact me or my attorney, John Bickel, Thacker, Bickel, Hodskins & Thacker, L.L.P., 209 W. Fourth Street, Owensboro, KY 42303, Telephone No. (502) 926-4500.

Sincerely,

Patrick Morrison
Patrick Morrison

PM:ras

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RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
ALL-PAC b. DATE AUGUST 31, 1995

(c) Number and Street Address (Check if address is changed)
c/o Charlene Armendarez, 1224 W. Parrish Ave. 2. FEC IDENTIFICATION NUMBER

(d) City, State and ZIP Code
Owensboro, Kentucky 42301 4. IS THIS STATEMENT AN AMENDMENT?
 YES 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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None - Non-Connected		

Type of Connected Organization
 Corporation Corporation with 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
Charlene Armendarez	1224 W. Parrish Ave. Owensboro, KY 42301	Chairperson

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
Patrick Morrison	7401 Short Station Road Philpot, KY 42366	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
South Central Bank of Daviess County	2715 Frederica Street Owensboro, KY 42301

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 Patrick Morrison	SIGNATURE OF TREASURER <i>Patrick Morrison</i>	DATE Aug. 31, 1995
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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.

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 ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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J.E.H.

PREPARER

9-1-95

DATE PREPARED

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