Law Offices of
OLSON
HAGEL
FONG
LEIDIGH
WATERS &
FISHBURN

July 24, 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Re: Sacramento Metropolitan Registration Fund

Greetings:

Enclosed please find the original plus two copies of a Statement of Organization (FEC Form 1) for filing with your office.

Please return one endorsed copy to me in the envelope provided.

If you have any questions, please call.

Very truly yours,

OLSON, HAGEL, FONG, LEIDIGH, WATERS & FISHBURN

RITA A. YARRINGTON, Secretary
to Lance H. Olson

\ray
Enclosures:

cc: California Secretary of State
Political Reform Division
1500 - 11th Street, 6th Floor
Sacramento, CA 95814

Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth Office Building
Washington, D.C. 20515-6612

LANCE H. OLSON
BRUCE J. HAGEL
LEROY Y. FONG
ROBERT E. LEIDIGH
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DIANE M. FISHBURN
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Of Counsel
N. EUGENE HILL

Plaza Towers
555 Capitol Mall, Suite 1425
Sacramento, CA 95814

Telephone [916] 442-2952
Facsimile [916] 442-1280

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL [ ] (Check if name is changed)

SACRAMENTO METROPOLITAN REGISTRATION FUND - FEDERAL ACCOUNT

(b) Number and Street Address [ ] (Check if address is changed)

555 Capitol Mall, Suite 1425

(c) City, State and ZIP Code

Sacramento, CA 95814

2. DATE

7/21/95

3. FEC IDENTIFICATION NUMBER

C00217182

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		

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
Lance H. Olson	555 Capitol Mall, Suite 1425 Sacramento, CA 95814	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
Lance H. Olson	555 Capitol Mall, Suite 1425 Sacramento, CA 95814	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
Bank of California	770 - L Street, Sacramento, CA 95814

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
LANCE H. OLSON		

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.

For further information contact:
Federal Election Commission
Toll free 800 424 9530
Local 202-376-3120

FEC FORM 1
(revised 4/97)

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-24-95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MRS — PREPARER

7-29-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

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