

STATEMENT OF ORGANIZATION

(See reverse side for Instructions)

| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) 1996 CALIFORNIA REPUBLICAN NATIONAL CONVENTION DELEGATION FUND | 2. DATE FEDERAL ELECTION COMMISSION APRIL 22, 1996 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 455 CAPITOL MALL, SUITE 801 | 3. FEC IDENTIFICATION NUMBER (If any) APPLIED FOR |
| (c) City, State and ZIP Code SACRAMENTO, CA 95814 | 4. IS THIS STATEMENT AN AMENDMENT? P. 36 <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 BOB DOLE 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 |
|---|------------------------------|--------------|
| N/A | | |

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 |
|----------------------|---|-----------------------------|
| CHARLES H. BELL, JR. | 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814 | TREASURER (916) 442-7757 |

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 |
|----------------------|---|-----------------------------|
| CHARLES H. BELL, JR. | 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814 | TREASURER (916) 442-7757 |

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 |
|--------------------------------|--------------------------------------|
| UNION BANK | 700 L STREET SACRAMENTO, CA 95814 |

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 |
| CHARLES H. BELL, JR. |  | 4/22/96 |

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 4/87)

95030475414

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

4/23/96

Registered/Certified Mail

POSTMARKED

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

D.A. Q.
PREPARER

4/26/96
DATE PREPARED

9 5 0 3 0 4 7 5 4 1 5