

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUN 26 12 26 PM '99

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) GISELE STAVERI FOR CONGRESS '98	2. DATE 6/21/97
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 40 DORIAN WAY	3. FEC Identification Number G-00326355
(c) City, State and ZIP Code SAN RAFAEL CA 94901	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input 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
GISELE STAVERI | Candidate Party Affiliation
REPUBLICAN | Office Sought HOUSE OF REPS. | State/District
CA 6TH |
|--|--|-------------------------------------|---------------------------------|
- (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

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
JOHN L. STAVERI	40 DORIAN WAY, SAN RAFAEL, CA 94901	ASST TREAS.

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
JONATHAN M. LANDERS	P.O. BOX 9816 SAN RAFAEL, CA 94912	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	1203 4TH STREET SAN RAFAEL, CA 94901

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 JONATHAN M. LANDERS	SIGNATURE OF TREASURER 	DATE 6/21/97
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN055

FEC FORM 1
(revised 4/87)

Federal Election Commission
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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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SES
PREPARER

6-26-97
DATE PREPARED