

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <u>Pat Neal for Congress</u>		2. DATE <u>10/6/97</u>	
(b) Number and Street Address <u>7755 Center Ave. #1100</u>		3. FEC IDENTIFICATION NUMBER	
(c) City, State and ZIP Code <u>Huntington Beach, CA 92647</u>		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 <u>Pat Neal</u>	Candidate Party Affiliation <u>Democrat</u>	Office Sought <u>House of Rep.</u>	State/District <u>CA/45</u>
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- ☐ (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

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 <u>Kinde Durkee</u>	Mailing Address <u>9531 Via Ricardo Los Angeles, CA 91504-1215</u>	Title or Position <u>Accountant/Asst. Treasurer</u>
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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 <u>Marty Kreisler</u>	Mailing Address <u>13160 Bay Meadows Court Corona, CA 91719</u>	Title or Position <u>Treasurer</u>
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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. <u>City National Bank</u>	Mailing Address and ZIP Code <u>400 N. Roxbury Dr. Beverly Hills, CA 90210</u>
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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 <u>Marty Kreisler</u>	SIGNATURE OF TREASURER 	DATE <u>10/7/97</u>
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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. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

			For further information contact: Federal Election Commission Toll-free 800-424-9630 Local 202-376-8120
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FEC FORM 1
(revised 4/87)

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 10-21-97
☐ 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
☐ Electronic Filing	
	10-27-97
PREPARER	DATE PREPARED