

PIRAYOU

L A W O F F I C E S

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

October 4, 1999

1999 OCT 12 A 10: 54

VIA CERTIFIED MAIL

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

Dear Sir or Madam:

On behalf of Peacock for Congress, I file the attached amended "statement of organization" form.


I respectfully request that you "date stamp" one copy and return it to me in the enclosed envelope.

Please let me know if I can provide you with further information and I thank you for your consideration.

Very truly yours,

PIRAYOU LAW OFFICES

By: _____


ASH PIRAYOU
ATTORNEY AT LAW

cc: Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (A) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; margin: 0;">Peacock for Congress</p>	2. DATE <p style="font-size: 1.2em; margin: 0;">9/30/99</p>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) c/o Pirayou Law Offices, 101 Park Center Plaza	3. FEC Identification Number <p style="font-size: 1.2em; margin: 0;">C00347278</p>
(c) City, State and ZIP Code San Jose, CA 95113 Suite 1160	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 | 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.

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
Ash Pirayou	101 Park Center Plaza, Suite 1160, San Jose, CA 95113	Assistant 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
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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.	Mailing Address and ZIP Code
San Jose National Bank	One North Market Street San Jose, CA 95113

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 <p style="font-size: 1.2em; margin: 0;">Donald A. Lee</p>	SIGNATURE OF TREASURER 	DATE <p style="font-size: 1.2em; margin: 0;">9/30/99</p>
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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

FE6AN121

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-7-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	10-17-99 DATE PREPARED