

O'CONNOR CAVANAGH

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

The Law Offices of
O'Connor, Cavanaugh, Anderson, Westover, Killingsworth & Beahm
A Professional Association

Aug 28 11 22 AM '95

Tina M. Geiser
602-263-2549

August 21, 1995

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

Re: O'Connor, Cavanagh PAC
ID No.: C00104869

Dear Sir or Madam:

Enclosed please find an original and copy of an amended Statement of Organization. Last fall, we provided you with an original amended Statement, however, it appears it was lost in the mail as you have no record of having received such.

Please file the enclosed original and return a conformed copy in the enclosed pre-addressed, pre-stamped envelope.

If you have any questions, please do not hesitate to call.

Very truly yours,



TINA M. GEISER
Legislative Assistant

TMG:t3
Enclosures

cc: Suzanne Sullivan
Robin Johnson

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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Aug 28 11 12 AM '95

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) O'Connor, Cavanagh, Anderson, Westover, Killingsworth & Beshears P.A. PAC-Federal	2. DATE 8/21/95
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) One East Camelback Rd, Ste 1100,	3. FEC Identification Number C00104869
(c) City, State and ZIP Code Phoenix, AZ 85012	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.

8. 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
Suzanne Sullivan	One East Camelback Rd #1100, Phx AZ 85012	Controller

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
"same as above"		

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
M&I Thunderbird Bank, One East Camelback Rd, Phoenix, AZ	85012
Account #0012-11752-1	

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 Suzanne Sullivan	SIGNATURE OF TREASURER 	DATE 8/21/95
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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.

STATE OF ARIZONA
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
A.R.S. § 16-902

FOR OFFICE USE ONLY

Initial Registration Out-of-State Committee Amended Statements

ASSIGNED IDENTIFICATION NUMBER

1. DATE May 19, 1995

2. NAME AND ADDRESS:

a) O'Connor, Cavanagh, Anderson, Westover, Killingsworth & Beshears PAC
Name of committee in full

b) One East Camelback Road, Suite 1100
Address (number and street)

c) <u>Phoenix</u>	<u>Arizona</u>	<u>85012</u>	<u>263-2400</u>
City	State	Zip	Phone

d) n/a
Name, address, relationship and type of any sponsoring organization

3. TYPE OF POLITICAL COMMITTEE - Check the appropriate box:

- Candidate's campaign committee
- Separate segregated fund established by a corporation or labor organization
- Committee in support of or opposition to the qualification, passage or defeat of a ballot issue
- Committee organized to circulate or oppose a recall petition or to influence the result of a recall election
- Political party (only the state or county committee of an organization that meets the requirements for recognition as a political party)
- Committee organized for the purpose of making independent expenditures
- Committee organized in support of or opposition to one or more candidates
- Political organization (an organization that is formally affiliated with and recognized by a political party including a district committee)

4. LIST ALL BANKS, SAFETY DEPOSIT BOXES OR OTHER DEPOSITORIES USED BY THE COMMITTEE:

M&I Thunderbird Bank, checking account #900-1721

9 0 0 3 9 6 3 5 12

5. CHAIRMAN:

Scott Rose		263-2710	
Type or print full name of chairman		Telephone number	
One East Camelback Road Suite 1100, Phoenix		AZ	85012
Mailing address	City	State	Zip
Attorney		O'Connor, Cavanagh	
Occupation	Employer		

6. TREASURER:

Suzanne Sullivan		263-2400	
Type or print full name of treasurer		Telephone number	
One East Camelback Road, Suite 1100, Phoenix		AZ	85012
Mailing address	City	State	Zip
Controller		O'Connor, Cavanagh	
Occupation	Employer		

7. FOR CANDIDATE CAMPAIGN COMMITTEES, PROVIDE THE FOLLOWING CANDIDATE STATEMENT:

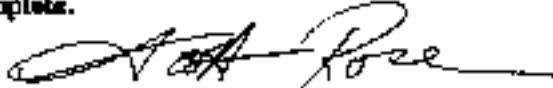
Type or print name of candidate		Party affiliation	
Address		City	State Zip
Office sought	Residence county if legislative candidate		

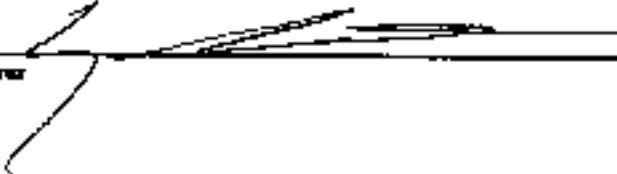
I have authorized the above named political committee as my campaign committee to receive contributions and make expenditures on my behalf.

Signature of candidate	Date
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8. SIGNATURE OF CHAIRMAN AND TREASURER:

We, the undersigned, have examined this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

	5-24-95
Signature of chairman	Date

	5-24-95
Signature of treasurer	Date

9 5 0 3 9 : 6 : 5 : 3

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

8-24-95

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

JMN
PREPARER

8-28-95
DATE PREPARED

95039360674