

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |   |
|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed)<br><b>Agricultural Producers PAC</b> | 2. DATE<br><b>4-19-01</b>   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>25060 Avenue Stanford, #200</b>           | 3. FEC IDENTIFICATION NUMBER<br><b>C00281444</b>  |
| (c) City, State and Zip Code<br><b>Valencia, CA 91355</b>  | 4. IS THIS STATEMENT AN AMENDMENT?<br><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 |
|---|---|--------------|
| Agricultural Producers  | 25060 Avenue Stanford, #200<br>Valencia, CA 91355 | connected    |

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 |
|------------------|---|-------------------|
| William S. Marrs | 25060 Avenue Stanford, #200, Valencia, CA 91355 | 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 |
|--------------------|---|-------------------|
| William S. Marrs   | 25060 Avenue Stanford, #200, Valencia, CA 91355 | Treasurer         |
| Elizabeth W. Roche | 25060 Avenue Stanford, #200, Valencia, CA 91355 | Asst. 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               | 24301 W. Magic Mountain Parkway, Valencia, CA 91355 |

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<br><b>William S. Marrs</b> | SIGNATURE OF TREASURER<br><i>William S. Marrs</i> | DATE<br><b>4/19/01</b> |
|--|---|------------------------|

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.

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 (R/C)<br><i>4-28-01</i>   |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>Jm v</i><br>PREPARER   | <i>4-24-01</i><br>DATE PREPARED      |