

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
JAN 16 AM 11:21  
P 247  
BRAND DELIVERED

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE
Willie Logan for United States Senate	4-21-00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
490 Opa-Locka Blvd., Suite 13	C00349951
(c) City, State and ZIP Code	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Opa-Locka, FL 33054	

**5. TYPE OF COMMITTEE (Check one)**

- (b) This committee is a principal campaign committee. (Complete the candidate information below.)
- (a) 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 |
| Willie P. Logan   | NPA                         | US Senate     | Florida        |
- (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 with 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
Ronald Thompkins	500 NW 165th St. Rd., Miami, FL 33169	Records Custodian

**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
Ronald Thompkins	500 NW 165th St. Rd., Miami, FL 33169	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
First Union Bank	13100 NW 27th Avenue, Miami, FL 33054

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	SIGNATURE OF TREASURER	DATE
Ronald Thompkins		4-21-2000

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 202-894-1105

FEBAN114PDF

**FEC FORM 1**  
(revised 4/87)

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

FAX (48-HOUR NOTICES) \_\_\_\_\_  
Date of Receipt

INSIDE MAIL \_\_\_\_\_  
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE  
CENTER \_\_\_\_\_  
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION 5/16/00  
Date of Receipt

FIRST CLASS MAIL \_\_\_\_\_  
Postmarked

REGISTERED/CERTIFIED MAIL \_\_\_\_\_  
Postmarked

NO POSTMARK       POSTMARK ILLEGIBLE

OTHER (Specify): \_\_\_\_\_  
 AIRBORNE EXPRESS  
 EXPRESS MAIL  
 FEDERAL EXPRESS  
 UPS  
Postmark and/or Date of Receipt

RD \_\_\_\_\_ 5/16/00  
Preparer Date Prepared