

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL  (Check organization)  (Check committee)  
 San Francisco Republican County Committee  
 (b) Number and Street Address  (Check if address is changed)  
 540 Van Ness Ave.  
 (c) City, State and ZIP Code  
 San Francisco, CA 94102

2. DATE  
 Aug. 16, 1994

3. REGISTRATION NUMBER

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	Candidates Party Affiliation	Office Sought	State/District

- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.
- (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
None		

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: SFRCCC

Mailing Address: 540 Van Ness Ave. 2nd Fl. S.F. CA 94102

Title or Position: 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: BARBARA B. KILEY

Mailing Address: 23 ANNAPOLIS TERRACE SAN FRANCISCO CA 94118-4304

Title or Position: 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.: Bank of America

Mailing Address and ZIP Code:  

I certify that I have prepared this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER: BARBARA B. KILEY

SIGNATURE OF TREASURER: *Barbara B. Kiley*

DATE: 8-16-94

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: 202-575-9120

FEC FORM 1  
 (revised 4/87)

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