

The Parallel Republican PAC

P. O. Box 10305 Eugene, OR 97440 (541) 343-6392

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FEDERAL ELECTION
COMMISSION CIVIL ROOM

December 31, 1998

JAN 25 2 00 PM '99

Neal Evans
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: C00341651

I have enclosed a copy of the Statement of Organization for The Parallel Republican PAC which has been modified to include 'NONE' on line 6 per a request from Steve Roane (copy enclosed). I also updated the mailing address. The new mailing address was entered on my first filing of 'Report of Receipts and Disbursements'.

Sincerely,

Jeffrey K. Lewis [COPY RE-MAILED 1-19-99]
Jeffrey K. Lewis
Treasurer

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) THE PARALLEL REPUBLICAN PAC	2. DATE 11-4-98
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) P.O. Box 1462 10305	3. FEC Identification Number
(c) City, State and ZIP Code EUGENE, OR 97440-1462 2305	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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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
NONE		

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
JEFFREY K. LEWIS	P.O. BOX 1462 EUGENE, OR 97440	EXECUTIVE DIRECTOR

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
JEFFREY K. LEWIS	P.O. BOX 1462 EUGENE, OR 97440	EXECUTIVE DIRECTOR

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
PACIFIC CONTINENTAL BANK	P.O. BOX 10727 EUGENE, OR 97440

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 JEFFREY K. LEWIS	SIGNATURE OF TREASURER <i>Jeffrey K. Lewis</i>	DATE 11-13-98
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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.

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 1-20-99
<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>JSP</i> PREPARER	 1-26-99 DATE PREPARED