

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

OCT 2 - 11:29 AM '96

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>MARCH FONG-EU AAA Committee</b>	2. DATE <b>9/24/96</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>P.O. Box 761043</b>	3. FEC Identification Number _____
(c) City, State and ZIP Code <b>Los Angeles, California 90076</b>	4. Is This Report An Amendment? <input 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.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

6. 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
Tony Miller	5496 Pacific Avenue Pleasant Grove, Ca 95668	

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
Tony Miller	5496 Pacific Ave Pleasant Grove, Ca 95668	916-655-3658

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
United Pacific Bank	910 N. Hill Street, Los Angeles, Ca 90012

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 <b>Tony Miller</b>	SIGNATURE OF TREASURER 	DATE <b>9/27/96</b>
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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.

