

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) Tribal Sovereignty PAC	2. DATE 7/1/98
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO Box 4143	3. FEC Identification Number C00341446
(c) City, State and ZIP Code Portland, OR 97208-4143	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 FEDERAL ELECTION
 COMMISSION MAR 10 1999
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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
Elizabeth Furse for Congress	233 SE Second Ave. Hillsboro, OR 97123	Affiliated

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 P. Thompson	2108 SE Taylor, #3 Portland, OR 97224	Book Keeper

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
Elizabeth Furse	22485 NW Yungen Rd. Hillsboro, OR 97124	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	PO Box 340214 Sacramento, CA 95834-0214

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 ELIZABETH FURSE	SIGNATURE OF TREASURER 	DATE 1/12/99
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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.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

FEBAN121

FEC FORM 1
 (revised 4/87)

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-16-99</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>Jm U</i> PREPARER	<i>1-19-99</i> DATE PREPARED