HAND DELIVERED

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee Inited Ball of	2. Date of this Statement 2. Date of this Statement 3. Estimated Membership 4. Amended Statement? YesNo 7. if any, and any other committee of	PAC S/0 12/8
Chairperson Treasurer Williams	113 Alfned LAFAYeHe	1 S + 1, CA 70501
Affiliated Organizations (Any organization, other than a political committee, which directly or ind a. Name b. Address	directly established, administers, or t	financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be depositunds.) a. Name b. Address	ited in one or more banks or saving	s and loan institutions or money market mutual
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one:Principal Campaign CommitteeSubsidiary:		
b. Name of Candidate		c. Office Sought by the Canodate
9. a. Name of Person Preparing Report Christopher Williams b. Daytime Telephone 337 2580000		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This		
Signature of Committee Chairperson		me Telephone Number
Signature of Committee Treasurer, if any	Dayti	ime Telephone Number