

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed:
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<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Mr.</i>	FIRST <i>Carroll</i>	MI <i>G.</i>	<b>OFFICE USE ONLY</b> Date Received:
	NICKNAME	LAST <i>ROBINSON</i>	SUFFIX	

<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		

<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<i>01</i>	<i>01</i>	<i>00</i>		<i>06</i>	<i>30</i>	<i>00</i>

<b>6</b> EXPLANATION OF CORRECTION	<p><i>1. Out of state PAC information - Pearson Brinckerhoff, Inc. PAC statement of organization ATTACHED.</i></p>
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<b>7</b> AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p>
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AFFIX NOTARY STAMP / SEAL ABOVE

*Carroll G. Robinson*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by CARROLL G. ROBINSON this the 24<sup>th</sup> day of Jan, 2003.

to certify which, witness my hand and seal of office.

*Veronica Lara*      VERONICA LARA      \_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

### STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB 11 P 1:24

1. (a) NAME OF COMMITTEE IN FULL <b>Parsons Brinckerhoff Inc. PAC</b>	<input type="checkbox"/> (Check if name is changed)	2. DATE <b>2/3/00</b>
(b) Number and Street Address <b>One Penn Plaza</b>	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number <b>C00287003</b>
(c) City, State and ZIP Code <b>New York, NY 10119</b>		4. Is This Report An Amendment? <input checked="" 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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
<b>Stephen Losi</b>	<b>One Penn Plaza New York, NY 10119</b>	<b>Assistant Treasurer</b>

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

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>Robert Prieto</b>	SIGNATURE OF TREASURER <i>Robert Prieto</i>	DATE <b>2/8/2000</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. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact: Federal Election Commission, Toll-free 800-424-6530, Local 202-594-1100. **FEBAN114PDF** **FEC FORM 1** (revised 4/87)

# Political Contributions

# Schedule A

Filer Name: <b>Carroll G. Robinson</b>		Total Pages Schedule A 4 of 9	
Name & Address		Date	Amount
Mr. Jim S. Adler [REDACTED] Houston, TX 77036		1/12/2000	\$100.00
Meyer Brown & Platt [REDACTED] Houston, TX 77002-2730		1/12/2000	\$250.00
Mr. Ali Davari [REDACTED] Houston, TX 77257-0413		1/13/2000	\$250.00
Mr. Louis S. Skyles [REDACTED] Houston, TX 77005		1/13/2000	\$250.00
Mr. Jeffery L. Gilman [REDACTED] Houston, TX 77024		1/13/2000	\$100.00
Mr. James B. Bowers Houston Arts Auction [REDACTED] Houston, TX 77207		1/14/2000	\$250.00
Mr. Walker Mischer Sr. [REDACTED] Houston, TX 77008		1/14/2000	\$250.00
Mr. David R. Milner Parsons Brinkerhoff, Inc. PAC [REDACTED] New York, New York 10119		1/14/2000	\$250.00
Mr. & Mrs. Dionel E. Aviles [REDACTED] Houston, TX 77041		1/14/2000	\$250.00
Mr. Ricardo Rivero TEDSI Infrastructure [REDACTED] Houston, TX 77025-3607		1/14/2000	\$100.00
Mr. John E. Codwell Jr. [REDACTED] Pearland, TX 77584		1/15/2000	\$100.00
Mr. Paul A. Kubosh [REDACTED] Houston, TX 77007-7715		1/15/2000	\$500.00
Mr. Barry M. Goodman [REDACTED] Houston, TX 77024		1/18/2000	\$200.00
Mr. & Mrs. Thomas Gee [REDACTED] Houston, TX 77031		1/18/2000	\$25.00

"Out of State PAC"

\$250.00

out of state



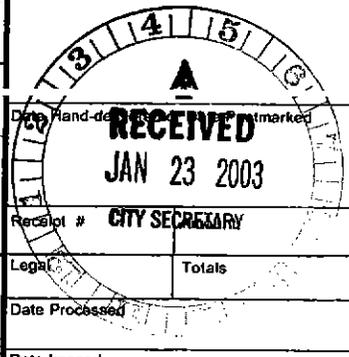
# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <u>9</u>
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<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE <u>Mr.</u>	FIRST <u>Carol</u>	MI <u>G</u>	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <u>Robinson</u>	SUFFIX	

<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> rurnon	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 16	<input type="checkbox"/> Exceeded \$500 limit		
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			

<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Legal	Totals
	<u>9/28/01</u>	THROUGH <u>10/27/01</u>		

**6** EXPLANATION OF CORRECTION

1. Out-of-state PAC information - Intl. Assoc. of Plumbing and Mechanical Officials. This PAC does not have statement of organization on file with FEC. PAC is registered with California Secretary of state. SEE ATTACHED DOCUMENTS.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

AFFIX NOTARY STAMP / SEAL ABOVE

Carol G. Robinson  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by CAROL G. ROBINSON this the 23<sup>rd</sup> day of Jan., 20 03.

to certify which, witness my hand and seal of office.

Veronica Lara  
Signature of officer administering oath

VERONICA LARA  
Printed name of officer administering oath

 VERONICA LARA  
Notary Public, State of Texas  
My Commission Expires 07-09-05  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

**SCHEDULE A**  
5 of 5

**CONTRIBUTIONS  
IN PLEDGES OR LOANS**

Name: **Carroll G. Robinson**

	<u>Contributor/Address</u>	<u>Amount (\$) of Contribution</u>	<u>In-Kind/PAC</u>
11/2001	Int. Assoc. of Plumbers and Mechanical Officials [Redacted] Walnut, California 91769	\$250	PAC <i>out of pocket</i>
1/3/2001	PSI PAC [Redacted] Oakbrook Terrace, IL 60181	\$500	PAC <i>TX PAC</i>
0/17/2001	Texas Coalition for Good Government [Redacted] Houston, Texas 77098	\$500	PAC

TOTAL \$18,950

JACK 15,300 ✓  
N/A  
4-29-02

**Presented by the Federal Election Commission**

Committees that match specified criteria:

Com. ID	Committee Name	City	St	Party	Des	Type	Candidate State Office
<u>C00007542</u>	SHEET METAL WORKERS' INTERNATIONAL	Washington	DC			U Q	
<u>C00029447</u>	INTERNATIONAL ASSOCIATION OF FIREFI	WASHINGTON	DC			U Q	
<u>C00059329</u>	INTERNATIONAL ASSOCIATION OF DRILLI	HOUSTON	TX	UNK		U Q	
<u>C00115527</u>	INTERNATIONAL ASSOCIATION OF HEAT &	WASHINGTON	DC			U Q	
<u>C00144154</u>	INTERNATIONAL ASSOCIATION OF AMUSEM	ALEXANDRIA	VA			U Q	
<u>C00156554</u>	INTERNATIONAL ASSOCIATION OF BRIDGE	DES MOINES	IA			U Q	
<u>C00169490</u>	SHEET METAL WORKERS INTERNATIONAL A	NEW YORK	NY			Q	
<u>C00170910</u>	INTERNATIONAL ASSOCIATION FOR FINAN	ATLANTA	GA			Q	
<u>C00203497</u>	HOUSTON FIRE FIGHTERS POLITICAL ACT	HOUSTON	TX			Q	
<u>C00365296</u>	INTERNATIONAL ASSOCIATION OF FIRE F	KANSAS CIT	MO			N	
<u>C00373050</u>	SHEET METAL WORKERS INTERNATIONAL A	LONG ISLAN	NY			U N	
<u>C70003108</u>	INTERNATIONAL ASSOCIATION OF FIRE F	WASHINGTON	DC			C	
<u>C00325753</u>	INTERNATIONAL ASSOCIATION OF ASSEMB	WASHINGTON	DC			U N	

Total of 13 Committee(s) matched criteria

TRY A: [NEW SEARCH](#) [NEW ADVANCED SEARCH](#)  
 RETURN TO: [FEC HOME PAGE](#)

Abbreviations:

PARTY	DESCRIPTION
AIP	AMERICAN INDEPENDENT PARTY
AMP	AMERICAN PARTY
CIT	CITIZENS
CRV	CONSERVATIVE PARTY
CST	CONSTITUTIONAL
DEM	DEMOCRAT PARTY
DFL	DEMOCRAT FARM LABOR
GRE	GREEN PARTY
IND	INDEPENDENT
LAB	LABOR
LBR	LABOR PARTY
LIB	LIBERTARIAN
NLP	NATURAL LAW PARTY
NNE	NONE
OTH	OTHER
REF	REFORM PARTY
REP	REPUBLICAN PARTY
RTL	RIGHT TO LIFE
SWP	SOCIALIST WORKERS PARTY
TX	TAXPAYERS
UNK	UNKNOWN

COMTE. DESIG.

DESIG	DESCRIPTION
A	AUTHORIZED BY A CANDIDATE
J	JOINT FUND RAISER
P	PRINCIPAL CAMPAIGN COMMITTEE OF A CANDIDATE
U	UNAUTHORIZED

COMTE. TYPE DESIG.

*Informed Assoc. of Plumbers & Mechanical Contractors, Inc.  
 NOT REGISTERED  
 WITH FEC!*

TYPE	DESCRIPTION
C	COMMUNICATION COST
D	DELEGATE
H	HOUSE
I	INDEPENDENT EXPENDITURE (PERSON OR GROUP, NOT A COMMITTEE)
N	NON-PARTY NON-QUALIFIED
P	PRESIDENTIAL
Q	QUALIFIED NON-PARTY (SEE 2USC SECT.441(A)(4))
S	SENATE
X	NON-QUALIFIED PARTY
Y	QUALIFIED PARTY (SEE 2USC SECT.441(A)(4))
Z	NATIONAL PARTY ORGANIZATION. NON FED ACCT.

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/5

OR

**REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
1993

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 07/01/2001 THROUGH 09/30/2001

CUMULATIVE PERIOD BEGINNING 01/01/2001

FOR OFFICIAL USE ONLY

A

B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

NAME OF FILER:

INTERNATIONAL ASSOCIATION OF PLUMBING & MECHANICAL OFFICIALS

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Walnut

CA

91789-2825

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

Building Standards Commission regarding model code adoption

If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>32298.51</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>32298.51</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions:	<input type="checkbox"/> Part IV completed and attached	<input checked="" type="checkbox"/> No campaign contributions made this period
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**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
10/12/2001

At (City and State)  
Walnut CA

By (Signature of Employer or Responsible Officer)  
G.P. Russ Chaney

Name of Employer or Responsible Officer (Type or Print)  
G. P. Russ Chaney

Title  
Executive Director

PERIOD COVERED: 07/01/2001 09/30/2001

NAME OF FILER: INTERNATIONAL ASSOCIATION OF PLUMBING & MECHANICAL OFFICIALS

**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

If more space is needed, check box and attach continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
		\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
ADAMS BROADWELL JOSEPH & CARDOZO A PROFESSIONAL CORPORATION South San Francisco CA 94080	14694.50	191.80	0.00	14886.30	76053.03
CARTER LOBBYING FIRM ART Sacramento CA 95814	15000.00	477.62	0.00	15477.62	50726.96
CONATY & ASSOCIATES PETE Sacramento CA 95814	1800.00	134.59	0.00	1934.59	6643.40

If more space is needed, check box and attach continuation sheets

**TOTAL THIS PERIOD** (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 32298.51

PERIOD COVERED: 07/01/2001 09/30/2001

NAME OF FILER: INTERNATIONAL ASSOCIATION OF PLUMBING & MECHANICAL OFFICIALS

<b>C. ACTIVITY EXPENSES</b> (See instructions on reverse.)					
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity	
			\$	\$	
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b> <input checked="" type="checkbox"/> NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00		
2. OTHER PAYMENTS			\$ 0.00		
				<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)					\$ 0.00

PERIOD COVERED: 07/01/2001 09/30/2001

NAME OF FILER: INTERNATIONAL ASSOCIATION OF PLUMBING & MECHANICAL OFFICIALS

**PART IV – CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement:

Identification Number if Recipient Committee: \_\_\_\_\_

B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

5/5

PERIOD COVERED: 07/01/2001-09/30/2001

NAME OF FILER: INTERNATIONAL ASSOCIATION OF PLUMBING & MECHANICAL OFFICIALS

**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. Report as a lump sum. ....	\$ 0.00
2. Total payments to Lobbying Coalitions. Report as a lump sum. .... (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum. ....	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below. ....	\$ 0.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. ....	\$ 0.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	

If more space is needed, check box and attach continuation sheets.

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/O/H

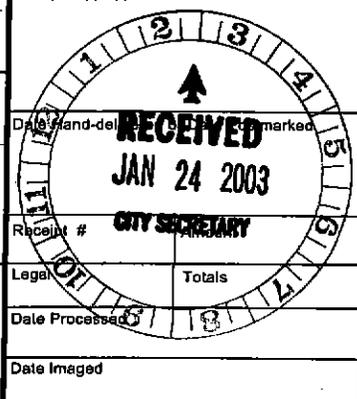
See backside for instructions

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <b>3</b>
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<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Mr.</i>	FIRST <i>CARROLL</i>	MI <i>G.</i>	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <i>ROBINSON</i>	SUFFIX	

<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	

<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>10 / 28 / 01</i>		<i>12 / 31 / 01</i>



<b>6</b> EXPLANATION OF CORRECTION	<i>1. Out-of-state PAC Information - Waste Management Statement of Organization Attached.</i>
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**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

*Carroll G. Robinson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by CARROLL G. ROBINSON this the 24<sup>th</sup> day of Jan., 20 03.

to certify which, witness my hand and seal of office.

<i>Veronica Lara</i> Signature of officer administering oath	<i>VERONICA LARA</i> Printed name of officer administering oath	<b>VERONICA LARA</b> Notary Public, State of Texas My Commission Expires <b>07-09-03</b> Title of officer administering oath
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**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

**Waste Management**  
Employees' Better Government Fund  
Qualified Multicandidate PAC

MAY 20 11 02 AM '99

May 5, 1999

Federal Elections Commission  
Public Records Office  
999 E Street, N.W.  
Washington, D.C. 20463

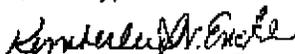
Re: Waste Management Employees' Better Government Fund  
I.D.: C00119008  
Statement of Organization (FEC Form 1)

Gentlemen:

Attached is an amended Statement of Organization (FEC Form 1) reflecting new depository information (Item 9) for the above-referenced political action committee.

If you have any questions, please contact me at (202) 628-3500.

Sincerely,



Kimberley W. Engle  
Manager, Government Affairs

Enclosure  
KWE

601 Pennsylvania Avenue, N.W., Suite 300 North Building, Washington, D.C. 20004

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Waste Management Employees' Better Government Fund	2. DATE 5/3/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 601 Penn. Ave., NW Suite 300 North, Wash DC 20004	3. FEC Identification Number 4 C00119008
(c) City, State and ZIP Code -	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
  
MAY 20 11 01 AM '99

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate info 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.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

**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

**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
Nations Bank	730 Fifteenth Street, NW First Floor Washington, DC 20005

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 Ronald H. Jones	SIGNATURE OF TREASURER <i>Ronald H. Jones</i>	DATE 5/3/99
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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 202-819-3420	FE6AN05J	<b>FEC FORM 1</b> (revised 4/87)
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