STATE OF ARIZONA
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION

NAME OF POLITICAL COMMITTEE (For ballot measure committee, name shall include official petition serial number)
IBEW LOCAL UNION 266 POLITICAL ACTION COMMITTEE

ADDRESS
1650 N 36TH STREET, PHOENIX, AZ 85008

MAILING ADDRESS

COMMITTEE TELEPHONE # COMMITTEE FAX # COMMITTEE EMAIL ADDRESS
(602) 275-6222 (602) 244-2402 ibew266@qwest.net

COMMITTEE TYPE
Political Organization Committee

NAME OF SPONSORING ORGANIZATION

ADDRESS OF SPONSORING ORGANIZATION

RELATIONSHIP TO POLITICAL COMMITTEE

NAME OF COMMITTEE CHAIRMAN
RAMON H NUNEZ

CHAIRMAN'S PHONE # CHAIRMAN'S FAX PHONE #
(602) 275-6222 (602) 244-2402

CHAIRMAN'S ADDRESS
1650 N 36TH STREET, PHOENIX, AZ 85008

CHAIRMAN'S OCCUPATION
O&M SPECIALIST 3

CHAIRMAN'S EMPLOYER
SALT RIVER PROJECT

NAME OF COMMITTEE TREASURER
DAVID LYONS

TREASURER'S PHONE # TREASURER'S FAX PHONE #
(602) 275-6222 (602) 244-2402

TREASURER'S ADDRESS
1650 N 36TH STREET, PHOENIX, AZ 85008

TREASURER'S OCCUPATION
OPERATIONS SPECIALIST

TREASURER'S EMPLOYER
SALT RIVER PROJECT

BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION, A.R.S. 16-1022(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES.

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 6/1/06 Chairman's Signature: __________________________

Date: 6/1/06 Treasurer's Signature: __________________________

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. §16-1021.1): If we hereby declare the status of this political committee as a standing political committee.

Date: __________________________ Treasurer's Signature: __________________________

STATE OF ARIZONA )
COUNTY OF ______________ ) ss.

SUBSCRIBED AND SWORN TO before me this __________ day of __________________________

_____________________________ My commission expires ________________
Notary Public