Image# 27990900071

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_		Office use only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
SVB Financial	l Group Political A	Action Committe	e		1
ADDRESS (number and	3003	TASMAN DRIVE			
(Check if addr	1		11111111		
is changed)		TA CLARA		CA L	95054 _
			CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA frank@durkee	AIL ADDRESS Bandassociates.co	om			1
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)			
COMMITTEE'S FAX N 8182600657	NUMBER	ل			
2. DATE 0.8	M / D D / Y	2007			
3. FEC IDENTIFICA	ATION NUMBER	(C C00333658		
4. IS THIS STATEM	MENT NEW	/ (N) OR	X AMENDED (A)		
I certify that I have exam	ined this Statement and	to the best of my know	vledge and belief it is true, correct	and complete	_
Type or Print Name of	Treasurer	Kinde Durkee			
Signature of Treasure	r Electronically File	d by Kinde Durl	kee	Date 11	07
NOTE: Submission of fa			subject the person signing this St	·	es of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commi Toll Free 800-424-9530	ssion	FEC FORM 1 (Revised 02/2003)

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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 cinformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the	emocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
ŝ.	Name of Any Connected Organization or Affiliated Committee	
	SVB Financial Group	
	Mailing Address 3003 Tasman Dr.	
	Santa Clara	054 _ _
	CITY A STATE A	ZIP CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organizati	on
	Membership Organization Trade Association Cooperative	

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W	/rite or Type Committee Name							
	SVB Financial Group Polit	tical Action Committee						
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 Kinde Dui	rkee						
	Mailing Address	1212 S. Victory Blvd.						
	_	Burbank		91502 _				
	Title or Position ▼	CITY A	STATE▲	ZIP CODE A				
	Treasurer		Telephone number					
	Full Name of Treasurer Mailing Address Kinde Dui Kinde Dui	rkee 1212 S. Victory Blvd.						
	_	Burbank		91502 _				
	Title or Position ♥	CITY &	STATE▲	ZIP CODE ▲				
	Treasurer		Telephone number 818					
	Full Name of Designated Agent							
	Mailing Address							
	_							
	Title or Position ♥	CITY A	STATE A	ZIP CODE A				
			Telephone number					

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9.	Banks or Other De safety deposit boxes	or maintains funds.	
	Name of Bank, Depo	sitory, etc.	
	L	SVB Financial Group	
	Mailing Address	3003 Tasman Dr.	
		Santa Clara CA 95054 _	_

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷