

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
San Francisco Democratic County Central Committee

ADDRESS (Number and street) 8581 Santa Monica Blvd., #504
X (Check if address is changed) West Hollywood CA 90069
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@sfdemocrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.sfdemocrats.org

COMMITTEE'S FAX NUMBER 3238950519

2. DATE 12 / 29 / 2005

3. FEC IDENTIFICATION NUMBER C C00392928

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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 Meagan Levitan

Signature of Treasurer Electronically Filed by Meagan Levitan Date 12 / 28 / 2005

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

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:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a **SUB** (National, State (or subordinate) committee of the **DEM** (Democratic, Republican, 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 fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

California Democratic Party \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1401 21st Street, Suite 100 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Sacramento \_\_\_\_\_ CA \_\_\_\_\_ 95814 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | **Affiliated** \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**San Francisco Democratic County Central 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 **Steven Mele**

Mailing Address **8581 Santa Monica Blvd., #504**

**West Hollywood CA 90069**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Custodian of Records Telephone number 310 - 385 - 7300**

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 of Treasurer **Meagan Levitan**

Mailing Address **8 - 7th Ave.**

**San Francisco CA 94118**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer Telephone number 415 - 474 - 5162**

Full Name of Designated Agent **Leslie Katz**

Mailing Address **343 Coleridge Street**

**San Francisco CA 94110**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Assistant Treasurer Telephone number 415 - 202 - 9986**

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.

Wells Fargo Bank

Mailing Address

8571 Santa Monica Blvd.

West Hollywood

CA

90069

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_