

# 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 LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COM

ADDRESS (number and street)

1110 MORRO ST

(Check if address is changed)

PO BOX 15155

SAN LUIS OBISPO

CA

93406

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

campaigns@rcbs.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9163489111

2. DATE

01 / 15 / 2007

3. FEC IDENTIFICATION NUMBER

C C00276659

4. IS THIS STATEMENT

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

Rita Copeland

Signature of Treasurer

Electronically Filed by Rita Copeland

Date

01 / 17 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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: \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

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

- (d)  This committee is a **STA** (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

**None** \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: **None** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COM**

- 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 Rita Copeland

Mailing Address 5429 Madison Avenue

Sacramento CA 95841 - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian of Records Telephone number 916 - 348 - 9100

- 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 Rita Copeland

Mailing Address 5429 Madison Avenue

Sacramento CA 95841 - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 916 - 348 - 9100

Full Name of Designated Agent None

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

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

None Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

**Commercial Capital Bank**

Mailing Address

**1565 Exposition Blvd.**

**Sacramento**

**CA**

**95815**

CITY ▲

STATE ▲

ZIP CODE ▲

**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 ]

**North Valley Bank**

Mailing Address **378 N. Sunrise Blvd., Suite 100**

**Roseville** **CA** **95661** -

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

**None**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **None**

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