

RECEIVED
FEC MAIL
CENTRAL CENTER

NOV 24 P 12 12

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

San Francisco Democratic County Central Committee

ADDRESS (number and street)

2261 Market Street, #319

(Check if address is changed)

San Francisco

CA

94114

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

415 - 252 - 3701

2. DATE

3. FEC IDENTIFICATION NUMBER ▶

C

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 Stephen Williams

Signature of Treasurer

Date 11/27/2003

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9633
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 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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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 Nancy L. Marten

Mailing Address 2261 Market Street, #319
San Francisco CA 94114

Title or Position Accountant CITY San Francisco STATE CA ZIP CODE 94114

Telephone number 415 - 252 - 3700

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 Stephen Williams

Mailing Address 2619 Sutter Street
San Francisco CA 94115

Title or Position Treasurer CITY San Francisco STATE CA ZIP CODE 94115

Telephone number 415 - 292 - 3656

Full Name of Designated Agent Jane Morrison

Mailing Address 64 Woodland Ave.
San Francisco CA 94117

Title or Position Assistant Treasurer CITY San Francisco STATE CA ZIP CODE 94117

Telephone number 415 - 564 - 1482

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.

Bank of America

Mailing Address

501 Castro Street

San Francisco

CA

94114

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲



STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> | Hand Delivered | Date of Receipt <i>11/24/03</i> |
| <input type="checkbox"/> | First Class Mail | POSTMARKED |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> | No Postmark | |
| <input type="checkbox"/> | Postmark Illegible | |
| <input type="checkbox"/> | Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> | Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> | Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> | Electronic Filing | |
|  PREPARER | |  DATE PREPARED |