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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: Typing, type
over the lines.

12FE4M5

CALAVERAS COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

PO BOX 1295

(Check if address
is changed)

SAN ANDREAS

CA

95249

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pede@goldrush.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

~~209 772 1263~~

2. DATE

01 31 2005

3. FEC IDENTIFICATION NUMBER ▶

C00409490

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

~~BOB REEVE~~ Barbara Fair

Signature of Treasurer

Date

01 31 2005
3-16-2005

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 800-424-9530
Local 202-694-1100

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 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 REP (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 REPUBLICAN PARTY

Mailing Address 1903 WEST MAGNOLIA

BURBANK CA 91506

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

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

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Write or Type Committee Name

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 ~~BOB REEVE~~ Barbara Fair

Mailing Address PO BOX ~~135~~ 84

~~VALLEY SPRINGS~~ CA ~~95252~~
MURPHYS CITY ▲ CA 95247 STATE ▲ ZIP CODE ▲

TREASURER Telephone number 209-728-3817

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 ~~BOB REEVE~~ - BARBARA FAIR

Mailing Address see above, 7. PO BOX 84

~~SEE ABOVE 7~~ CA 95247
MURPHYS CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER ~~SEE ABOVE 7~~ Telephone number 209-728-3817

Full Name of Designated Agent BARBARA FAIR

Mailing Address PO BOX 84

MURPHYS, CA 95247
CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 209-728-3817

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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.

Central Sierra Bank

Mailing Address

SAN ANDREAS BRANCH

337 W. ST CHARLES, PO BOX 729

SAN ANDREAS CA 95249

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Central Sierra Bank

Mailing Address

SEE ABOVE

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>3/17/05</i>
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Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAP
 PREPARER
 (3/2005)

3/24/05
 DATE PREPARED