

1. (a) Name of Committee (in Full) **San Luis Obispo County Democratic Central Committee - Federal Account** (b) Check if name or address is changed. (c) Date **Jan. 15, 1993**

(d) Address Number and Street **P. O. Box 4422** (e) FEC Identification Number **C00276659**

(f) City, State and ZIP Code **San Luis Obispo, CA 93403** (g) Is this an amended Statement?  YES  NO

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 | Major District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subnational) (Democratic, Republican, etc.)
  - (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 nor a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

If the registering political committee has identified a "connected organization" above, please indicate type of organization:

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

7. Custodian of Records: Identify by name, address (phone number - optional) and position, the person in possession of committee books and records.

Full Name <b>Charles W. Maas</b>	Mailing Address and ZIP Code <b>2573 Marian Way San Luis Obispo, CA 93401</b>	Title or Position <b>Treasurer</b>
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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 <b>Charles W. Maas</b>	Mailing Address and ZIP Code <b>2573 Marian Way San Luis Obispo, CA 93401</b>	Title or Position <b>Treasurer</b>
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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.	Mailing Address and ZIP Code
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

**Charles W. Maas**

*Charles W. Maas*  
SIGNATURE OF TREASURER

**1-17-93**  
Date

Type or Print Name of Treasurer

NOTE: Submission of false, fraudulent or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437e.

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 PREPARER

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1 5 3 9 2 9 1 1 5 5