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**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

2012 SEP 12 AM 9: 17 FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pete Stark Victory Committee 400 Montgomery St. ADDRESS (number and street) Suite 700 (Check if address San Francisco is changed) 94104 CITY ZIP CODE STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) @campaigncompliance.net (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) ıwww.none.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of hy knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

	F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>		
5.	TYPE OF COMMITTEE  Candidate Committee:					
	(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 ca information below.)						
Name of Candidate						
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi					
	Part	y Com	mittee:			
	(d)			Democratic, epublican, etc.) Party.		
	Political Action Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:		
			Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party		
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
			en e			
		t Fund	raising Representative:			
	(g)	$\times$	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Committees Participating in Jeint Fundraiser						
		1.	Pete Stark Re-Election Committee   FEC ID number C 0002	in and the second control of the second cont		
		2.	Democratic State Central Committee of CA FEC ID number C 0010	5668		
		3.	FEC ID number C			
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FEC <b>Form 1</b> (Rev	ised 02/2009)	Page <b>3</b>					
Write or Type Committee							
Pete Stark Vi	ctory Committee						
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor					
Mailing Address							
	CITY STAT	TE ZIP CODE					
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Repres	esentative Leadership PAC Sponsor					
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.</li> </ol>							
IHolly Giarraputo							
Full Name	<sub>1</sub> 3242 Cummins Way						
Mailing Address							
		T 50000					
	[Missoula M	T <sub>1</sub> 59802					
Title or Position	CITY STATE	E ZIP CODE					
<sub>I</sub> Treasurer	Telephone number	202					
. <b>Treasurer:</b> 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 HC	lly Giarraputo						
Mailing Address	3242 Cummins Way						
	Missoula	T 59802					
Title or Position	CITY STATE						
Treasurer	Telephone number	202   498   7123					
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Full Name of Designated		
Agent		
Mailing Address	s [	
		ZIP CODE
Title or Position		1_1 . 1
	Telephone number	
safety deposit t	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.	accounts, rents
Name of Bank,	Depository, etc.	
	įWells Fargo	1 1 1 1 1
Mailing Address	s 225 Bush St.	
	San Francisco CA 94104	
	CITY STATE 2	ZIP CODE
Name of Bank,	, Depository, etc.	
Mailing Addres	s [	
	CITY STATE	ZIP CODE

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Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
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Inval	9/12/12					
PREPARER (2/2005)	DATE PREPARED					
(3/2005)						