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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: If typing, type over the lines. 12FE4M5

SALINAS VALLEY DEMOCRATIC CLUB

ADDRESS (number and street) PO BOX 10644

(Check if address is changed) SALINAS CA 93912 7644

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
bagleys@redshift.com
honeydog@pacbell.net

COMMITTEE'S WEB PAGE ADDRESS (URL)
SALINASVALLEYDEMS.ORG

COMMITTEE'S FAX NUMBER

2. DATE 04 27 2007

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 EDWARD N. WEINSTEIN

Signature of Treasurer *Edward N. Weinstein* Date 04 07 2007

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.

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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 CDP (National, State or subordinate) committee of the DNC (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 _____

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 EDWARD N. WEINSTEIN
 Mailing Address PO BOX 10644
SALINAS CA 93912-7644
 Title or Position TRASUROR CITY STATE ZIP CODE
 Telephone number 831-751-3362

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 EDWARD N. WEINSTEIN
 Mailing Address PO BOX 10644
SALINAS CA 93912-7644
 Title or Position TRASURER CITY STATE ZIP CODE
 Telephone number 831-751-3362

Full Name of Designated Agent SUSAN R. SISSON
 Mailing Address P.O. BOX 10644
SALINAS CA 93912-7644
 Title or Position ASST TRASUROR CITY STATE ZIP CODE
 Telephone number 831-443-1765

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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.

Rabobank

Mailing Address

MAIN & ALISAL STS.

SALINAS

CA

93901

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<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

Er PREPARER 5/3/07
 DATE PREPARED

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