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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)

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

PO BOX 1295

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

209-772-1363

2. DATE

01 31 2005

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

BOB RIDGVE

Signature of Treasurer

Date

01 31 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5327g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS

Office Use Only				
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For further information, contact:
Federal Election Commission
791 5th St. N.W. (204-5530)
Local: 202-594-1100

FEC FORM 1
(Revised 12/2003)

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 _____ (National, State or subordinate) committee of the _____ (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.

5. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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

Mailing Address PO BOX 1351
VALLEY SPRINGS CA 95252

Title or Position TREASURER CITY CA STATE CA ZIP CODE 95252

Telephone number 209-778-1263

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

Mailing Address see above, 7
see above, 7

Title or Position see above, 7 CITY CA STATE CA ZIP CODE 95252

Telephone number see above, 7

Full Name of Designated Agent see above, 7

Mailing Address see above, 7

Title or Position see above, 7 CITY CA STATE CA ZIP CODE 95252

Telephone number see above, 7

9. Banks or Other Depositories: List all banks or other depositories in which the nominee deposits funds, bank accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Central Sierra Bank

Mailing Address

SAN ANDREAS BRANCH

357 W. ST. CHARLES, PO BOX 729

SAN ANDREAS, CA 95349

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Central Sierra Bank

Mailing Address

SEE STATE

CITY ▲

STATE ▲

ZIP CODE ▲

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"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JALD</i> PREPARER	2/14/05 DATE PREPARED