23038212224

RECEIVED
FEC MAIL
OPERATIONS CENTER
2003 OCT -6 A 10:19

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Monterey County Republican Central Committee (Fed.)

ADDRESS (number and street) (Check if address is changed)

PO Box 322

Salinas | CA | 93902 - 0322

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@montereyrepublicans.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

831-759-8574

2. DATE N M 09 D D 26 Y Y Y Y 2003

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR X 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 Chris Steinbruner

Signature of Treasurer

Date N M 09 D D 26 Y Y Y Y 2003

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)

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) X 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

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

Write or Type Committee Name

Monterey County Republican Central Committee (Fed.)

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: Chris Steinbruner

Mailing Address: 100 Clock Tower Place
Suite 120
Carmel CA 93923 – 8771
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___ - ___ - ___

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: Chris Steinbruner

Mailing Address: 100 Clock Tower Place
Suite 120
Carmel CA 93923 – 8771
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 831 – 62 – 5-5111

Full Name of Designated Agent:

Mailing Address:
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼:

Telephone number: ___ - ___ - ___

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.

First National Bank

Mailing Address 26380 Carmel Rancho Blvd

Carmel | CA | 93923 | 2017

CITY ▲ STATE ▲ ZIP CODE ▲

23038212228

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 9-26-03
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	DATE PREPARED 10-6-03

(6/2000)