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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction						Office	a waa ank		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	e: If typying,	, type	12FI	E4M5	Office	e use only		
	l Group Political <i>i</i>	Action Committe	e , ,								
ADDRESS (number and	3003	TASMAN DRIVE	 - 			11	 				
_	1				1 1 1	1 1	1 1	1 1			
(Check if add is changed)		TA CLARA				ÇA	<u> </u>	L	95054]_L	
			CITY▲			STATE	•		ZIP C	ODE 4	.
COMMITTEE'S E-MA	AIL ADDRESS eandassociates.co	nm									
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<u> </u>		للل	
			шш	ш	ш		ш	Щ	ш	للل	ш
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)									
							ш	ш	ш	للل	
					111		1 1			ш	
8182600657	NUMBER	J									
2. DATE 0.8	M / D D / Y	2007									
3. FEC IDENTIFICA	ATION NUMBER	(C C0033	3658							
4. IS THIS STATE	MENT NEW	/ (N) OR	X	AMENDE	ED (A)						
I certify that I have exam	nined this Statement and	to the best of my know	vledge and b	elief it is true	, correct an	d comple	ete				
Type or Print Name of	Treasurer	Kinde Durkee									
Signature of Treasure	r Electronically File	d by Kinde Durl	kee			Date	M 1 0		D 2 2	Y	ý 0 [°] 0 7
NOTE: Submission of fa		nplete information may							2 U.S.C.	S437g.	
Office Use Only			Fe To	r further inf deral Electio Il Free 800-4 cal 202-694-	n Commiss 124-9530			F	FEC F		

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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 cainformation below.)	andidate					
	Name of Candidate						
	Candidate Office 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 (or subordinate) committee of the Rep	mocratic, publican,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 fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
	Mailing Address						
	CITY STATE A Z	ZIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name								
SVB Financial Group Politi	cal Action Committee							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Kinde Durkee								
Mailing Address	1212 S. Victory Blvd.							
	Burbank		<u>A</u> _	91502	-			
Title or Position ▼	CITY A	STA	TE▲	ZIP CODE A				
Treasurer		Telephone number	818	260	0669			
Full Name of Treasurer Mailing Address Kinde Durl	kee 1212 S. Victory Blvd.							
	Burbank		<u>A</u> _	91502	-			
Title or Position ♥	CITY A	STA	TE▲	ZIP CO	DE A			
Treasurer		Telephone number	818		0669			
Full Name of Designated Agent								
Mailing Address								
Title or Position ♥	CITY A	STA	— — TE ≜	ZIP CO	DE A			

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9.	Banks or Other De safety deposit boxes Name of Bank, Depo	s or maintains funds.	ts, rents
	Mailing Address	Silicon Valley Bank 3003 Tasman Dr.	
		Santa Clara CA 9505	54 _ _ _
		CITY △ STATE △ ZIP	CODE 🛆