

For help completing Form 1, please double-click the icon next to each line number.

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 APR -2 AM 8:42 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

checkbox

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Margolin For Congress

ADDRESS (number and street)

8749 Holloway Drive

checkbox

(Check if address is changed)

Los Angeles

CA

90069

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

checkbox

(Check if address is changed)

margolinforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

checkbox

(Check if address is changed)

www.margolinforcongress.com

2. DATE

03 16 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

checkbox checked

NEW (N)

OR

checkbox

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

Roseann T. Boffa

Signature of Treasurer

Roseann T Boffa

Date

03 17 2012

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 02/2009)

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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 candidate information below.)

Name of Candidate Bruce Margolin

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State CA District 33

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate ~~Bruce M Margolin~~

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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 Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

Margolinforcongress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Tara Margolin

Mailing Address 8749 Holloway Drive

[Empty grid lines for address]

Los Angeles CA 90069

Title or Position

CITY

STATE

ZIP CODE

Committee Manager

Telephone number 310-869-3297

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 Roseann T. Boffa

Mailing Address P.O.Box 1634

[Empty grid lines for address]

Venice CA 90294

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 310-821-3833

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Manufacturers Bank

Mailing Address

9777 Wilshire Blvd

[Grid for Mailing Address]

Beverly Hills

CA

90212

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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**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.

12030762302

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/16/12
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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

  
 PREPARER

4/2/12

DATE PREPARED