02/14/2002 20 : 17

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

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

Matsui Leadership Fund

ADDRESS (Number and street) 555 Capitol Mall, Suite 1425

(Check if address is changed)

Sacramentp CA 95814 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 / 14 / 2002

3. FEC IDENTIFICATION NUMBER C00165548

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 Warren P. Kashiwagi

Signature of Treasurer Electronically Filed by Warren P. Kashiwagi Date 02 / 14 / 2002

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 202-694-110

FEC FROM 1
(Revised 1/2001)

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) X 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

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

Matsui Leadership Fund

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: Lance H. Olson

Mailing Address: 555 Capitol Mall, Suite 1425

Sacramento — CITY ▲ | CA — STATE ▲ | 95814 — ZIP CODE ▲

Title or Position ▼: Attorney

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: Warren P. Kashiwagi

Mailing Address: 400 Capitol Mall, Suite 1200

Sacramento — CITY ▲ | CA — STATE ▲ | 95814 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 916 - 441 - 1000

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.

Placer Sierra Bank

Mailing Address 649 Lincoln Way

Auburn CA 95603 -

CITY △ STATE △ ZIP CODE △