FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		INIZATION nstructions)	244
NAME OF COMMITTEE (in	(Check if r	name Example: If typying, type	Office use only 12FE4M5
Merced Coun	ty Pemocratic Central Con	nmittee,FEDERAL	
	PO Box 2659		
ADDRESS (number and	street)		
(Check if addis is changed)	ress Merced		CA 95344 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
mwardmerced			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX I 2093841930	NUMBER		
2. DATE M. 1	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y .	
3. FEC IDENTIFICA	ATION NUMBER	C C00407353	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of	of my knowledge and belief it is true, corre	et and complete
Type or Print Name of	Treasurer Nancy L. V	<i>W</i> arren	
Signature of Treasure	r Electronically Filed by Na	ncy L. Warren	Date 10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	ation may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2				
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 Office Party Affiliation 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 (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				
ô.	Name of Any Connected Organization or Affiliated Committee					
l	California Democratic Party	. 1				
L						
	Mailing Address 1401 21st Street Suite 100					
	Sacramento CA 958	314 _				
	CITY STATE A	ZIP CODE A				
	Relationship Affiliated					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	on				
	Membership Organization Trade Association Cooperative					

FEC Form 1 (Revised 02/	2003)		Page 3				
Write or Type Committee Name							
Merced County Democra	itic Central Committee FEDERAI	<u>L</u>					
	custodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.						
Full Name Mary Wa	Mary Ward						
Mailing Address	PO Box 2659						
	Merced	CA	95344				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Custodian o	of Records	Telephone number					
name and address of any of Full Name of Treasurer Mary Wa	nd address (phone number optic designated agent (e.g., assistant tre ard PO Box 2659		ittee; and the				
Mailing Address	1 0 Box 2000						
	Merced		95344 _ 0000				
Title or Position ♥	CITY A	STATE▲	ZIP CODE A				
Treasurer		Telephone number 209	321 _ 0162				
Full Name of Designated Agent							
Mailing Address							
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A				
		Telephone number					

_	FEC Form 1	(Revised 02/2003)	Page 4
9.	Banks or Other Desafety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, holds accounts, as or maintains funds.	rents
	Name of Bank, Dep	pository, etc.	
		Bank of America	1 1 1 1 1
	Mailing Address	501 Castro Street	
			1 1 1 1 1
		San Francisco CA 94114] - [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷