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2009 MAY -4 A 10:14

*Democratic Action Club of Chico*  
*Joanne Adams, Treasurer*  
2770 Ceres Ave.  
Chico, CA 95973-7814

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Apr 28, 2009

Federal Election Commission  
999 E Street N.W.  
Washington, DC 20463

RE: Democratic Action Club of Chico

FEC ID # C00407866

This letter and the enclosed FEC Form 1 are to inform you that I have assumed the duties of treasurer of this organization.

Changes noted in the Statement of Organization are:

New address for the group is 2770 Ceres, Chico, CA 95973

e-mail address > [jadams@stormnet.com](mailto:jadams@stormnet.com) <

Custodian of the Records shared by current treasurer (Joanne Adams) and by former treasurer (now assistant treasurer, Maria Phillips)

New Treasurer, Joanne Adams

Assistant Treasurer, Maria Phillips

All other information unchanged.

Sincerely,

  
Joanne Adams

29030083397

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
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2009 MAY -4 A 10: 14

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

DEMOCRATIC ACTION CLUB OF CHICO

ADDRESS (number and street)

2770 CERES AVENUE



(Check if address  
is changed)

CHICO

CA

95973

7814

CITY

STATE

ZIP CODE

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



(Check if address  
is changed)

jadams@stormnet.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

2. DATE

04 / 27 / 2009

3. FEC IDENTIFICATION NUMBER

C 00407866

4. IS THIS STATEMENT



NEW (N)

OR



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

Joanne Adams

Signature of Treasurer

Joanne Adams

Date

04 / 28 / 2009

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)

29030083398

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 \_\_\_\_\_

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 \_\_\_\_\_

**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.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

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Write or Type Committee Name

DEMOCRATIC ACTION CLUB OF CHICO

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

Joanne Adams

Mailing Address

2770 Ceres Ave.

Chico CA 95973-7814

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

530-891-0588

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

Joanne Adams

Mailing Address

2770 Ceres Ave.

Chico CA 95973-7814

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

530-891-0588

29030083400

Full Name of Designated Agent

Maria A. Phillips

Mailing Address

884 Vallombrosa Ave

Chico

CA

95926

CITY STATE ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

530-345-4021

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE


ZIP CODE

29030083401

**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.

29030083402

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>4/28/09</i>
<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

	<i>5/4/09</i>
<b>PREPARER</b>	<b>DATE PREPARED</b>