12/06/2005 13 : 56

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Sierra Club Political Committee

ADDRESS (number and street)

85 Second Street, 2nd Flr.

(Check if address is changed)

San Francisco CA 94105 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 12 02 2005

3. **FEC IDENTIFICATION NUMBER** **C C00135368**

4. IS THIS STATEMENT X 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 Greg Haegele

Signature of Treasurer Electronically Filed by Greg Haegele Date 12 02 2005

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 02/2003)

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) X This committee is a separate segregated fund

(f) 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

Sierra Club

Mailing Address 85 Second St 2nd Flr

San Francisco CA 94105 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

Sierra Club Political Committee

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: Gayle Sheehan

Mailing Address: 85 Second Street, 2nd Floor

San Francisco | CA | 94105 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Compliance Director

Telephone number: 415 – 977 – 5560

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: Catherine Duvall

Mailing Address: 408 C St. NE

Washington | DC | 20002 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 202 – 548 – 6596

Full Name of Designated Agent: Greg Haegele

Mailing Address: 85 Second Street

2nd Floor

San Francisco | CA | 94105 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number: 415 – 977 – 5508

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.

Wells Fargo Bank

Mailing Address 420 Montgomery Street

San Francisco CA 94163 -

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Mosaic Funds

Mailing Address 615 E Michigan Street

Milwaukee WI 53202 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____