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FEC FORM 1

STATEMENT OF ORGANIZATION

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

Mariposa Democratic Central Committee

ADDRESS (number and street) ▼ 5409 Tik Tok Rd

☐ (Check if address is changed)

Mariposa CA 95338-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JerryTBestl@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

209-742-7881

2. DATE MM 08 DD 16 YYYY 2007

3. FEC IDENTIFICATION NUMBER ▶ C

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 Shirley E. Schmelzer

Signature of Treasurer Shirley E. Schmelzer Date MM DD YYYY

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

$30-500

FEC FORM 1
(Revised 02/2003)

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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) ☑ 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

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Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Treasurer

Full Name

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

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: Shirley Schmelzer

Mailing Address: 4512 Viarain Rd

Mariposa CA 95338-

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 209-966-2915

Full Name of Designated Agent: Sally Aunta

Mailing Address: 9443 Bandanilla Dr

La Grange CA 95306-

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Co-Treasurer

Telephone number 209-852-2558

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13.

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.

County Bank

Mailing Address PO Box 1191

Merced CA 95341-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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(3/2005)

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