STATEMENT OF

RECEIVED -

FEC FORM 1		ORGANIZATION		FEC MAIL CENTER			
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
San Diego PAC					لتستنسنا		
	1 1 1 1 1 1 20				لسببسب		
ADDRESS (number and street) 20 Galli Drive, Suite A Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
X (Check if a is changed)		ato		CA.	949495731		
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	address	ease provide only one e					
COMMITTEE'S WEB	PAGE ADDRESS	(URL)		•			
(Check if is change		<u> </u>					
2 DATE 04	M / D D / 03	2012					
3. FEC IDENTIFICATION NUMBER C C00431635							
4. IS THIS STATE	MENT N	EW (N) OR	X AMENDED (A)				
I certify that I have e	examined this Stat	ement and to the best	t of my knowledge and belief it	is true, correct a	and complete.		
Type or Print Name	of Treasurer N	ancy L. Warren					
Signature of Treasure	er .	My XI		Date 04	03 2012		
NOTE: Submission of		•	may subject the person signing to ON SHOULD BE REPORTED W		he penalties of 2 U.S.C. §437g.		
Office Use Only			For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

	FEC Fo	orm 1 (Revised 02/2009)	Page 2			
		COMMITTEE				
(a)	oldate	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t	he candidate			
		information below.)				
	Name of Candidate					
	lidate Affiliati	tion Sought: House Senate President	istrict			
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand						
Party Committee: (National, State (Democratic,						
(d)			lican, etc.) Party.			
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:			
•		Corporation Wo Capital Stock Labo	r Organization			
		Membership Organization Trade Association Coop	erative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	·			
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political			
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC 10 number C				
	3.	FEC ID number				
	4.	FEC ID number				

,		
FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name San Diego PAC		
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Bdb i ndr		
		1111111
Mailing Address	[1460 7th[Avente	
Mailing Address		
	<u> </u>	<u> </u>
	CITY STATE	ZIP CODE
	CITY SIATE	ZIF CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
·		
 Custodian of Records: Identi books and records. 	ify by name, address (phone number optional) and position of the person in .	possession of committee
Nancy L.	Warren	
Mailing Address	20 Galli Drive, Suite A	
walling Address	l	
	Novato CA 1945	9495731
;		
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	884 - 5500
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number — optional) of the treasurer of the committee; and the sistant treasurer).	e name and address of
Full Name Nancy L.	Warren	
Mailing Address	20 Galli Drive, Suite A	
ł		
1	Novate CA 949	495731
Title or Position	CITY STATE	ZIP CODE

FEC Form	n 1 (Revised 2/2009)		Page 4
Full Name of Designated Agent	None		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone n	umber I t	. - -
safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the communication or maintains funds. Depository, etc. Bank of San Francisco	1 1 1 1 1	
Mailing Address	575 Market Street, Suite 2400		
•	San Francisco	СА	94105
	CITY	STATE	ZIP CODE
Name of Bank, I	Depository, etc.		·
Name of Bank, i	Depository, etc.	·	
Name of Bank, I			
	First California Bank		
	First California Bank	L L L L L L L L L L L L L L L L L L L	90069

FE3AN042.PDF

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark 1195 **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER (3/2005)