FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instr	_	
		<u> </u>	Office use only
NAME OF COMMITTEE (in	full) (Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5
Howard Jarvi	s Taxpayers Association Poli	ical Action Committee	
ADDRESS (number and	street) 621 So. Westmo	reland Avenue #201	
(Check if add	ress		
is changed)	Los Angeles		CA 90005 - 1
COMMITTEE'S E-MA	UI ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
colleen@bmh			
<u> </u>	<u> </u>		
COMMITTEE'S WEE	PAGE ADDRESS (URL)		·
COMMITTEE'S FAX 3102602666	NUMBER		
2. DATE M 0 .	M / D D / Y Y Y Y Y Y 15		
3. FEC IDENTIFICA	ATION NUMBER	C C00255232	
4. IS THIS STATE	MENT NEW (N) C	AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of m	y knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Colleen C. M	cAndrews	
Signature of Treasure	r Electronically Filed by Collec	en C. McAndrews	Date 01 / 05 / YYYYY
NOTE: Submission of fa	·	n may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ssion 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 House Senate President	State District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate					
		emocratic, publican,etc.) Party.				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party				
3.	Name of Any Connected Organization or Affiliated Committee Howard Jarvis Taxpayers Association					
L						
	Mailing Address 621 Westmoreland Ave., Ste. 201					
	Los Angeles CA S	005				
	CITY STATE A	ZIP CODE A				
	Relationship Taxpayers					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	on				
	X Membership Organization Trade Association Cooperative					

FEC Form 1 (Revised 02/20	03)		Page 3					
Write or Type Committee Name								
Howard Jarvis Taxpayers A	Association Political Action Co	mmittee						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Colleen C.	Colleen C. McAndrews Full Name							
Mailing Address	1321 7th Street, Suite 205							
_	Santa Monica	CA	90401					
Title or Position ▼	CITY A	STATE	ZIP CODE A					
Custodian of	Records	Telephone number						
name and address of any des	l address (phone number optio signated agent (e.g., assistant tre	nal) of the treasurer of the comeasurer).	nmittee; and the					
Mailing Address	1321 7th Street, Suite	205						
	Santa Monica	CA_	90401					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
Treasurer		Telephone number 310						
Full Name of Designated Agent								
Mailing Address								
Title or Position ♥	CITY A	STATE						
		Telephone number						

	FEC Form 1	(Revised 02/2003)	Page 4	
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
	Mailing Address	Bank of America 818 W. 7th St., Ste. 100		
		Los Angeles CA 900	17	

STATE ∠

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

CITY 🗷