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Office use Only

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

NEW PAC

ADDRESS (number and street) P.O. BOX 7480

(Check if address is changed)

VISALIA CA 93290-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEES WEB PAGE ADDRESS (URL)

COMMITTEES FAX NUMBER

559-635-1372

2. DATE 03 02 2004

3. FEC IDENTIFICATION NUMBER ▶ C

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 TONY SOUZA

Signature of Treasurer Tony Souza Date 03 02 2004

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 800-424-9550
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

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) X 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

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.

Full Name: TONI DIAN NINES

Mailing Address: P.O BOX 7480

VISALIA CA 93290-

Title or Position ▼: BOOK KEEPER

CITY ▲: VISALIA

STATE ▲: CA

ZIP CODE ▲: 93290-

Telephone number: 559-949-0006

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: TONY SOUZA

Mailing Address: P.O. BOX 7480

[redacted] VISALIA CA 93290-

Title or Position ▼: TREASURER

CITY ▲: VISALIA

STATE ▲: CA

ZIP CODE ▲: 93290-

Telephone number: -

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼:

CITY ▲:

STATE ▲:

ZIP CODE ▲:

Telephone number: -

5. **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.

UNION BANK OF CALIFORNIA #460

Mailing Address 801 E. PROSPERITY AVE.

TULARE CA 93274-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038354504

Federal Election Commission

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(2/2004)