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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tulare County Republican Central Committee (Federal) 810 W Main Street ADDRESS (number and street) Suite B (Check if address is changed) Visalia 93291-6168 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bryan@politicalfinancesolutions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tularegop.org/ (Check if address is changed) DATE 2013 C00390641 FEC IDENTIFICATION NUMBER > 3. X 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. Crystal Ervin Type or Print Name of Treasurer Crystal Ervin [Electronically Filed] 01 30 2013 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

-	EC Fo	rm 1 (Pavicad 02/2000)	Page 2
		omm 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		Committee:	
(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. (Cominformation below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)	X		(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Re	evised 02/2009)	Page <b>3</b>
Write or Type Committee		3
	nty Republican Central Committee (Fede	eral)
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
California Republi	ican Party - Federal	
	1000 W Magnelia Paulauard	
Mailing Address	1903 W Magnolia Boulevard	
	Burbank	91506-1727
	CITY STATE	ZIP CODE
Relationship: Cor	nnected Organization X Affiliated Committee Joint Fundraising Representation	_
7. Custodian of Record books and records.	s: Identify by name, address (phone number optional) and position of the p	person in possession of committee
Cry Full Name	rstal Ervin	
Mailing Address	810 W Main Street	
	Visalia CA	93291-6167
Title or Position	CITY STATE	ZIP CODE
Treasurer		
	me and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	; and the name and address of
Full Name Crys	stal Ervin	
Mailing Address	810 W Main Street	
	Visalia	93291-6167
Title or Position Treasurer	CITY STATE	ZIP CODE

Telephone number

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,		olds accounts, rents
safety deposit be	Depository, etc.  Bank of the Sierra  190 N Main Street	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Bank of the Sierra  190 N Main Street	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Bank of the Sierra  90 N Main Street	7-3712
safety deposit be Name of Bank,	Depository, etc.  Bank of the Sierra  90 N Main Street	
safety deposit be Name of Bank,	Porterville  CITY  STATE	7-3712
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Bank of the Sierra  90 N Main Street  Porterville  CA  9325  CITY  STATE	7-3712 
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of the Sierra  90 N Main Street  Porterville  CA  9325  CITY  STATE	7-3712 
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Bank of the Sierra  90 N Main Street  Porterville  CA  9325  CITY  STATE	7-3712 
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of the Sierra  90 N Main Street  Porterville  CA  9325  CITY  STATE	7-3712     _   _   _   _   _   _   _   _
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of the Sierra  90 N Main Street  Porterville  CA  9325  CITY  STATE	7-3712     _   _   _   _   _   _   _   _