23038114567

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER
2003 JUL -1 A 3:48
Office Use Only

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

[illegible]

ADDRESS (number and street) [illegible]

(Check if address is changed) [illegible]

[illegible] CA [illegible]

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

[illegible]

COMMITTEE'S WEB PAGE ADDRESS (URL)

[illegible]

COMMITTEE'S FAX NUMBER

[illegible]-[illegible]-[illegible]

2. DATE [illegible]

3. FEC IDENTIFICATION NUMBER ▶ C[illegible]

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 [illegible]

Signature of Treasurer [illegible] Date [illegible]

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE5AN049

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

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 [illegible]

Mailing Address [illegible]

[illegible] CA [illegible]

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number [illegible]

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 [illegible]

Mailing Address [illegible]

[illegible] CA [illegible]

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number [illegible]

Full Name of Designated Agent

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

US BANK

Mailing Address 318 DIABLO ROAD

DANVILLE CA 94526-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

23038114571

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 6-25-03
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☐	Received from the Senate Office of Public Records	Date of Receipt
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PREPARER

7-1-03
DATE PREPARED

(6/2000)