## 28039901587

FEC FORM 1

## STATEMENT OF ORGANIZATION

## RECEIVED FEC MAIL CENTER

2008 OCT 27 AM 8: 52

			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Democratic Party of Cont	ra Costa County	<u> </u>		<u></u>
		<u></u>	!_ <u></u>	
ADDRESS (number and street)	5429 Madison Avenue	<u> </u>	<u></u>	
(Check if address	<u> </u>			
is changed)	Sacramento		CA 958	41
COMMITTEE'S E-MAIL ADDRE		СІТУ	STATE	ZIP CODE
campaigns@rcbs.us		i_i_i_	<u></u>	
L-i	<u></u>	<u> </u>	<u> </u>	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	<u> </u>		<del></del>	· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S FAX NUMBER				<i>;</i>
916 - 348 - 911	<u> </u>			
мм / р 2. DATE 10 14	D / Y Y Y Y 4 2008			· ·
3. FEC IDENTIFICATION N	UMBER			•
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	his Statement and to the bes	t of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasure	Rita Copeland			
Signature of Treasurer	Pota Ca	peland	M M / Date 10	. 14 2008
NOTE: Submission of falso, erron		may subject the person signing		enalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100	sion F	FEC FORM 1 (Revised 12/2007)

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TYPE OF C	OMMITTEE Committee:					
(a)	This committee is a princ	cipal campaign	committee. (Compl	ete the candidate	information below	<i>ı</i> .)
(b)	This committee is an autinformation below.)	horized committ	ee, and is NOT a	principal campaigi	n committee. (Co	mplete the candidate
Name of Candidate	<u> </u>		!	1	_ <del>!_ . . </del> _	<u> </u>
Candidate Party Affiliation	on	Office Sought:	House	Senate	President	State  District
(c)	This committee supports/	opposes only o	ne candidate, and	is NOT an author	ized committee.	
Name of Candidate	<u> </u>		<del></del>			
Party Con	nmittee:		***			
(d) x	This committee is a		(National, State or subordinate) co	mmittee of the	DEM	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PA	C):				
(e)	This committee is a sepa	rate segregated	I fund. (Identify cor	nected organizatio	n on line 6.) Its co	onnected organization is a:
	Corporation		Corpora	tion w/o Capital S	tock	Labor Organization
	Membership Orga	anization	Trade A	ssociation		Cooperative
<b>(f)</b>	This committee supports/committee. (i.e., nonconnection)			candidate, and is I	NOT a separate s	segregated fund or party
	In addition, this co	mmittee is a Lea	adership PAC. (Ide	ntify sponsor on lin	e 6.)	
Joint Fund	raising Representativ	/e:				
(9)	This committee collects cocommittees/organizations,					
(h)	This committee collects co committees/organizations,	ntributions, pays none of which is	s fundraising expens s an authorized cor	ses and disburses nmittee of a federa	net proceeds for t I candidate.	two or more political
Com	mittees Participating in	Joint Fundrais	er			
1.	NA			FEC ID n	umber	
2.	<u></u>		<del> </del>	FEC ID n	umber	
3.	<u></u>	<u></u> :		FEC ID n	umber	
4.	<u> </u>	<del></del>	<u>.L., i., .</u>	FEC ID n	umber	
5.		<u>.l</u>	<u> </u>	FEC ID n	umber	

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Write or Type Committee Na	пе
emocratic Party of Cont	ra Costa County
Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative
Ione   · · · :	
<u> </u>	
Mailing Address	
	CITY , STATE ZIP CODE
Relationship:	
X Connected Organization	on Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative
Full Name Rita C	opeland
Full Name Rita C	LEAZE Madigon Avenue
Full Name Rita C	opeland
Full Name Rita C	opeland
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g	opeland
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g.)  Full Name of Treasurer  Rita C	Opeland    5429 Madison Avenue
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g	Opeland Sacramento CA 95841 CITY STATE ZIP CODE  Telephone number 916 - 348 - 9100 and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g.)  Full Name of Treasurer  Rita C	opeland
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g.)  Full Name of Treasurer  Rita C	Sacramento  CITY  STATE  CITY  STATE  CITY  STATE  CITY  STATE  CITY  Telephone number  916  - 348  - 9100  and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).  Opeland  Sacramento  CA  95841  - 9100  - 348  - 9100  - 3
Full Name  Rita C  Mailing Address  Title or Position  Custodian of Records  Treasurer: List the name any designated agent (e.g.)  Full Name of Treasurer  Rita C	opeland

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CITY

CA

STATE

ZIP CODE

Roseville

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Full Name of Designated Agent

Mailing Address

FE3AN042.PDF

(3/2005)

## **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 **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): 10/27/08 **PREPARER** DATE PREPARED