Image# 27990464599

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only
NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
SVB Financial	Group Political A	Action Committe	e	
ADDRESS (number and	3003	TASMAN DRIVE		
(Check if address is changed)		ГА CLARA		CA 95054 _
OOMMITTEE'O E MAN	. ADDD500		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS andassociates.co	<b>m</b>		
		1 1 1 1 1 1		
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)		
	11111	<u> </u>	<u> </u>	
	11111	1 1 1 1 1 1	<u> </u>	
COMMITTEE'S FAX N 8182600657	IUMBER	ل		
2. DATE 0 8	0 7 Y	2007		
3. FEC IDENTIFICATION NUMBER C C00333658				
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)				
I certify that I have exami	ned this Statement and	to the best of my know	wledge and belief it is true, correct ar	d complete
Type or Print Name of	Treasurer <b>K</b>	Kinde Durkee		
Signature of Treasurer	Electronically Filed	d by Kinde Dur	kee	Date 08 / 07 / Y Y Y Y Y Y
NOTE: Submission of fal		•	subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g.  NITHIN 10 DAYS
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	

	FEOForm 1 (Revised 0	2/2003)			Page 2		
5.	TYPE OF COMMITTEE (Che	ck One)					
	(a) This committee	e is a principal campaig	n committee. (Complete the candid	date information below.)			
	(-)	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 Se	nate President	State		
	(c) This committee	e supports/opposes only	one candidate, and is NOT an aut	thorized committee.			
	Name of Candidate						
	(d) This committee	e 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 Or	ganization or Affiliated	d Committee				
L							
L							
	Mailing Address						
CITY▲ STATE ▲					▲ ZIP CODE ▲		
	Relationship						
	Type of Connected Organization:						
	Corporation		Corporation w/o Capital Stock	Labor Organ	nization		
	Membership Organiz	zation	Trade Association	Cooperative			

FEC Form 1 (Revised 02/200	3)			Pa	age <b>3</b>		
Write or Type Committee Name							
SVB Financial Group Politic	cal Action Committee						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Kinde Durk	:ee						
Mailing Address	1212 S. Victory Blvd.						
	Burbank	CA	<u> </u>	91502			
Title or Position ♥	CITY A	STAT	Έ <b>Α</b>	ZIP COI	DE 🛦		
Treasurer		Telephone number	818	<b>260</b>	0669		
of Treasurer Kinde Durk  Mailing Address	1212 S. Victory Blvd.						
	Burbank	CA	<u> </u>	91502 _			
Title or Position ♥	CITY A	STAT	Έ <b>Δ</b>	ZIP CO	DE 🛦		
Treasurer		Telephone number	818		0669		
Full Name of Designated Agent							
Mailing Address							
Title or Position ♥	CITY A	STAT	E▲	ZIP COL	DE A		
		Telephone number		. – –			

	FEC Form 1 (Revised 0)	2/2003)	Page 4	
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.			
	Silicon	ı Valley Bank	1 1 1 1 1	
	Mailing Address	3003 Tasman Dr.		
		Santa Clara CA 95054	4	
		CITY A STATE A ZIP (	CODE A	