

RECEIVED  
FED MAIL  
OPERATIONS CENTER

NOV JUL -1 A 9:50

Office Use Only

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (or URL)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FEAMS

TORRANCE DEMOCRATIC CLUB

ADDRESS (number and street)

13459 Emeraldale St

#4

(Check if address  
is changed)

Torrance

CA

90503

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Torrancedems@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.wps.wa.gov/elections/19/candidate/10/torrancedems/

COMMITTEE'S FAX NUMBER

2. DATE

06 29 2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

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 Required

Jenna J. Haig

Signature of Treasurer

JJ Haig

Date

06 29 2004

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9540  
Local 202-696-1199

FEC FORM 1  
(Revised 02/2003)

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/ 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 Jerome J. Haig

Mailing Address 154015 Linda Dr.

Torrance CA 90549

Title or Position Treasurer CITY Torrance STATE CA ZIP CODE 90549

Telephone number 310-543-8114

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 Jerome J. Haig

Mailing Address 154015 Linda Dr.

Torrance CA 90549

Title or Position Treasurer CITY Torrance STATE CA ZIP CODE 90549

Telephone number 310-543-8114

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. 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

Mailing Address

124030 Hawthorne Blvd

Torrance CA 90503

Torrance CA 90503

CITY A

STATE A

ZIP CODE A

Name of Bank, Depository, etc.

Mailing Address

CITY A

STATE A

ZIP CODE A

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7-1-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JL</i> PREPARER	7-2-04 DATE PREPARED