03/17/2004 14 : 28

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Sonoma County Republican Central Committee

ADDRESS (Number and Street)

P.O. Box 3555

(Check if address is changed)

Santa Rosa | CA | 95402 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@sonomagop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sonomagop.org

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y 08 17 2004

3. **FEC IDENTIFICATION NUMBER** **C C00257279**

4. IS THIS STATEMENT NEW (N) **OR** X 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 Dorothy Erickson

Signature of Treasurer Electronically Filed by Dorothy Erickson Date M M / D D / Y Y Y Y 08 17 2004

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)

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) X This committee is a SUB (National, State (or subordinate) committee of the REP (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

California Republican Party

Mailing Address 1903 W. Magnolia Blvd.

Burbank CA 91506 -

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Sonoma County Republican Central Committee

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: Dorothy Erickson

Mailing Address: 530 Limelight Place

Santa Rosa | CA | 95403

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___ - ___ - ___

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: Dorothy Erickson

Mailing Address: 530 Limelight Place

Santa Rosa | CA | 95403

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 707 - 546 - 6807

Full Name of Designated Agent: Dorothy Erickson

Mailing Address: 530 Limelight Place

Santa Rosa | CA | 95403

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 707 - 546 - 6807

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.

Exchange Bank

Mailing Address 545 Fourth Street

Santa Rosa CA 95401 -

CITY STATE ZIP CODE