FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		•								
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exam	ple: If typyir he lines	g, type	12F	E4M		ce use on	y 		
	spo County DCC	3.17										1
	710 7 - 1 - 1 - 1 - 1											Щ.
				ш		ш		ш		Ш		ш
ADDRESS (number and	d street)	Morro Street				ш				ш		لب
(Check if add	dress		ш	ш	ш	ш		11		Ш		لــــا
is changed)	San	Luis Obispo			ш	ြင	A	L	9340	<b>]6</b>		لب
COMMITTEE'S E-MA	All ADDDESS		CITY			STAT	Έ <u></u>		ZIF	CODE	<b>.</b>	
campaigns@												1
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						Щ				Ш	—	Щ
COMMITTEE'S WEE	B PAGE ADDRESS (L	JRL)										
						ш		ш		ш		ш
			111						11			ш
2. DATE	M / D D / Y	2008										
3. FEC IDENTIFIC	ATION NUMBER	[	C C00	276659	• • •							
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMENI	DED (A)							
I certify that I have exar	nined this Statement and	d to the best of my kno	owledge and	l belief it is tru	ue, correct a	ınd comp	lete					
Type or Print Name o	f Treasurer	Rita Copeland										
Signature of Treasure	er Electronically File	ed by <b>Rita Cope</b>	eland			Date	<b>1</b>	<b>2</b> <sup>M</sup>	<b>2</b> 3	/ Y	ž	0 0 8
NOTE: Submission of t	alse, erroneous, or inco	mplete information ma			_				of 2 U.S.0	C. S437	g.	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revis	<b>FOR</b> ed 12/20		

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	ı	FEC F	form 1 (Revised 12/2007)	Page 2
5.			OMMITTEE (Check One) committee:	
	(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 information below.)	e candidate
	Name Candi			
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)	X		(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
			Corporation Corporation w/o Capital Stock Laboration	or Organization
			Membership Organization Trade Association Cod	pperative
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint I	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	mittees Participating in Joint Fundraiser	
			1 FEC ID number C	
			2 FEC ID number C	
			3. FEC ID number	
			4. FEC ID number C	
			FFC ID number C	

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Write or Type Committee Name				
San Luis Obispo Coun	ty DCC			
6. Name of Any Connected Or	rganization, Affiliated Committee, L	eadership PAC Sponsor or Jo	int Fundraisi	ng Representative
Mailing Address				
	CITY	STA	ATE 🛕	ZIP CODE
Relationship:				
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint	Fundraising Representative
possession of Committee  Full Name  Mailing Address	e books and records.  copeland  5429 Madison Av	/enue		
	Sacramento		CA	95841
Title or Position ▼  Custodian	CITY A	STA Telephone number	ATE <b>A</b>	ZIP CODE 1
	e and address (phone number o y designated agent (e.g., assista		the commit	tee; and the
Full Name of Treasurer Mary	Ellen Maldonado			
Mailing Address	1301 Brighton A	venue		
	Grover Beach		CA _	93433
Title or Position ♥	CITY A	ST	ATE <b>A</b>	ZIP CODE A
Treasure	r	Telephone number	805	_ 459 _ 4767

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Full Name of Designated Agent	Rita Copeland		
Mailing Address	5429 Madison Avenue		
	Sacramento	CA	95841 –
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Assista	ant Treasurer Tele	phone number 916	348 9100
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds.  y, etc.   orth Valley bank	committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds.  y, etc.   orth Valley bank	committee deposits funds, h	nolds accounts, rents
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safety deposit boxes or m Name of Bank, Depositor  No.  Mailing Address	anintains funds.  y, etc.  Orth Valley bank  378 N Sunrise Blvd.  Roseville  CITY   CITY	CA	95661
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