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2002 MAY -1 A 10 49

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

SACRAMENTO VALLEY LINCOLN CLUB

ADDRESS (number and street) 1608 I STREET SUITE 201

(Check if address is changed)

SACRAMENTO CA 95814

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SACVALLEYLINCOLNCLUB@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 01 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X NEW (N) OR 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 MARTYN F. ROSA

Signature of Treasurer Martyn F. Rosa Date 01 00 2002

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 1/01)

FEUW9615.PDF

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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) X 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/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

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Write or Type Committee Name

SACRAMENTO VALLEY LINCOLN CLUB

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: MICHAEL SOWERS

Mailing Address: P.O. BOX 215105

SACRAMENTO

SACRAMENTO CA 95821-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

EXECUTIVE DIRECTOR

Telephone number 916-452-7201

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: MARTYN E. ROSA

Mailing Address: P.O. BOX 215105

SA

SACRAMENTO CA 95821-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 916-452-7201

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number -

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5. **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.

BANK OF THE WEST

Mailing Address (65) RESPONSIBILITY

SACRAMENTO CA 95815-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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dmv	5-1-02
PREPARER	DATE PREPARED

(6/2000)