2009 AUG -3 AM 11: 33

FEC FORM

29030134764

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in full)	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
DEMOCRATS OF I	NAPA VALLEY CLUB	
ADDRESS (number and street)	PO BOX 206	
(Check if address X is changed)		
is changed,	NAPA	CA 94559 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS (Please provide only one e-mail address)	
(Check if address is changed)	treasurer@democratsofnapavalley.org	
is changed)		
COMMITTEE'S WEB PAGI	E ADDRESS (URL)	
(Check if address is changed)	http://www.democratsofnapavalley.org/	
,		
	₹.	
2. DATE 07 '	28 2009	
3. FEC IDENTIFICATION	NUMBER C C00402420	•:
4. IS THIS STATEMENT	NEW (N) OR X AMENDED (A)	
		· · · · · · · · · · · · · · · · · · ·
I certify that I have examined to	his Statement and to the best of my knowledge and belief it is true, correct a	nd complete
Type or Print Name of Trea	surer Joanne Gifford	
Signature of Treasurer	Jane Bol	Date 07 28 ' 2009
NOTE: Submission of false, er	Toneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	

5.	TYPE OF CO	MMITTEE (Check One)					
	Candidate C	andidate 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 co information below.)					mittee. (Complete	the candidate	
	Name of Candidate		<u> </u>	<u> </u>	1	<u> </u>	<u></u>
	Candidate Party Affiliation	Office , on Sought:	House	Senate	President	State District	. : . : : :
	(c)	This committee supports/opposes only on	e candidate, and is N	OT an authorized co	ommittee.		
	Name of Candidate						
	Party Comm	ttee:					
	(d) X .	This committee is a	(National, State (or subordinate) cor	mmittee of the	DEM	(Democratic, Republican,etc.) Par	ty.
	Political Acti	on Committee (PAC):					
	(e)	This committee is a separate segregated f	und. (Identify connec	ted organization on	line 6.) Its connec	ted organization is a	:
Corporation Corporation w/o		o Capital Stock	La t	or Organization			
		Membership Organization	Trade Associa	tion	· Co	operative	
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	This committee supports/opposes more the committee. (i.e., nonconnected committee)		date, and is NOT a	separate segrega	ted fund or party	:
		In addition, this committee is a Lobby	rist/Registrant PAC.				
	•	In addition, this committee is a Leade	ership PAC. (Identify s	sponsor on line 6.)			
	Joint Fundrai	sing Representative:					
		This committee collects contributions, pays committees/organizations, at least one of w				or more political	
	(h)	This committee collects contributions, pays committees/organizations, none of which is				or more political	
	Comm	nittees Participating in Joint Fundraiser					
		1.		FEC ID number	C	eren eren eren eren eren eren eren eren	
		2.		FEC ID number	C		
		3.		FEC ID number	C		
		4.	11111	FEC ID number	c		•

	FEC FOILIT (Revised C	2/2009)		- ayes
W	rite or Type Committee Name			
	DEMOCRATS OF NAPA	VALLEY CLUB		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representative, or Lea	dership PAC Sponsor
_1	NONE			
ı	_1_1_1_1_1_1_			
	Mailing Address			<u> </u>
			<u></u>	<u></u>
		CITY▲	STATE A	ZIP CODE
	Relationship:			
	Connected Organization	n Affiliated Committee Join	Fundraising Representative	Leadership PAC Sponsor
	Mailing Address	718 Pueblo Ave. Apt. 6		
		Napa	CA	94558
	Title or Position ♥	CITY A	STATE.	ZIP CODE A
	Treasurer	·	Telephone number	- 254 - 2091
8.	name and address of any Full Name of Treasurer	and address (phone number optional) y designated agent (e.g., assistant treasu ne Gifford 718 Pueblo Ave. Apt. 6		ttee; and the
	Mailing Address			·
		Napa	CA	94558
	Title or Position ♥	спу ▲	STATE ▲	ZIP CODE A
	Treasure	r	Telephone number 707	_ 254 _ 2091
			- Siebiione ildiinei	

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Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
· · · · · · · · · · · · · · · · · · ·	Теlep	hone number	
Banks or Other De safety deposit boxe Name of Bank, Dep	s or maintains funds.	committee deposits funds, h	olds accounts, rents
Mailing Address			
	CITY 🛦	STATE 4	ZIP CODE
Name of Bank, Dep	pository, etc.		
Mailing Address		<u> </u>	
Mailing Address			
	CITY 🖪	STATE 4	ZIP CODE

(3/2005)

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED