09/15/2004 18 : 46

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Sacramento Victory 2004

ADDRESS (number and street)

6380 Wilshire Blvd., #1612

X (Check if address is changed)

Los Angeles | CA | 90048 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mep20@pacbell.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y 09 14 2004

3. **FEC IDENTIFICATION NUMBER** **C C00386409**

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 David K. Murphy

Signature of Treasurer Electronically Filed by David K. Murphy Date M M / D D / Y Y Y Y 09 15 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) X 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

Bob Matsui For Congress Committee

Mailing Address 5380 Wilshire Blvd., #1612

Los Angeles CA 90048 –

CITY▲ STATE▲ ZIP CODE ▲

Relationship Jt. F/R Rep.

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Sacramento Victory 2004

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: **Mary Ellen Padilla**

Mailing Address: **6380 Wilshire Blvd., #1612**

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasurer	Los Angeles	CA	90048 –

Telephone number: 323 – 655 – 4065

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: **David K. Murphy**

Mailing Address: **6380 Wilshire Blvd., #1612**

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer	Los Angeles	CA	90048 –

Telephone number: 323 – 655 – 4065

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
			–

Telephone number: ___ – ___ – ___

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.

CA Bank & Trust

Mailing Address 550 S. Hope St., #100

Los Angeles | CA | 90071 –

CITY | STATE | ZIP CODE

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Sac Pac

Mailing Address 6380 Wilshire Blvd., #1612

Los Angeles CA 90048

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Jt. F/R Rep.

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

Telephone number _____ – _____ – _____