

CHARLES CENTER

SEP 20 A 8 52

Office Use Only

FEC FORM 1

# STATEMENT OF ORGANIZATION

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

STANFORD COUNTY COOPERATIVE CENTRAL COMMITTEE  
P.O. BOX 111

ADDRESS (number and street) (Check if address is changed)  
2790 W. STATE ST. STANFORD  
STANFORD CA 94314  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
D.LOWRIE@STANFORD.COOP.CA

COMMITTEE'S WEB PAGE ADDRESS (URL)  
WWW.STANFORD.COOP.CA

COMMITTEE'S FAX NUMBER  
-

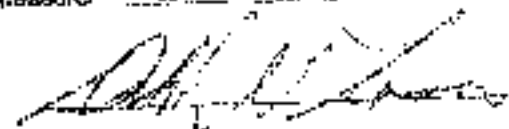
2. DATE 09 10 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  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 DONALD G LOWRIE

Signature of Treasurer  Date 09 10 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.

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
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a SUB (National, State or subordinate) committee of the DEM (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

DEMOCRATIC STATE CENTRAL COMMITTEE OF CALIFORNIA FEDERAL

Mailing Address 1101 21ST STREET #100  
SACRAMENTO CA 95811  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

SOLANO COUNTY DEMOCRATIC 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 DONALD G. LOWRIE

Mailing Address 2790 W. 5TH A. GRANBURY

\_\_\_\_\_

GRANBURY CA 94531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (707) 425-1874

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 DONALD G. LOWRIE

Mailing Address 2790 W. 5TH A. GRANBURY

\_\_\_\_\_

GRANBURY CA 94531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (707) 425-1874

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.

BANK OF THE MASSACHUSETTS

Mailing Address

100 FEDERAL STREET

SPRINGFIELD MA 01103

SPRINGFIELD MA 01103

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 9-11-04
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Se1</i> PREPARER	9-20-04 DATE PREPARED