

FEC FORM 1

STATEMENT OF ORGANIZATION

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2008 JAN 25 AM 9:00

Office Use Only

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

DELLMONTG COUNTY DEMOCRATIC CENTRAL COMMITTEES

ADDRESS (number and street) (Check if address is changed) P.O. BOX 1151

CRESIDENT CITY, IA 95131

COMMITTEE'S E-MAIL ADDRESS dwdepchante@net

COMMITTEE'S WEB PAGE ADDRESS (URL) www.dellmontdemocraticso.org

COMMITTEE'S FAX NUMBER

2. DATE 01/15/2008

3. FEC IDENTIFICATION NUMBER C00442616

4. IS THIS STATEMENT NEW (N) OR X 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 LINDA SANFORD

Signature of Treasurer Linda Sanford Date 01/16/2007

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)

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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) 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

DEL NORTE 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 DEBRA ELAINE BRONER

Mailing Address 1185 ROSE LANE

SMITH RIVER CA 95567

Title or Position CITY STATE ZIP CODE

CHAIR Telephone number 707-467-5120

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 LINDA SANFORD

Mailing Address POSITION OFFICE BOX 1151

CRESIDENT CITY CA 95531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 707-464-3120

Full Name of Designated Agent DEBRA ELAINE BRONER

Mailing Address 1185 ROSE LANE

SMITH RIVER CA 95567

Title or Position CITY STATE ZIP CODE

CHAIR Telephone number 707-467-5120

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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.

NORTA VALLEY BANK

Mailing Address

11492 NORTACRESIT DRIVE

CRESCENT CITY CA 95531

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
The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER

1/25/08
DATE PREPARED

28039600812