

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

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

12FE4M5

Debbie Bacigalupi for Congress

ADDRESS (number and street) PO Box 657

(Check if address is changed)

San Carlos CA 94070

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

teamdebbie@debbieforcongress.org

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.DebbieforCongress.org

(Check if address is changed)

2. DATE 03 / 22 / 2012

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 Nancy L Warren

Signature of Treasurer [Signature] Date 03 / 22 / 2012

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 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 committee. (Complete the candidate information below.)

Name of Candidate Debbie Bacigalupi

Candidate Party Affiliation REP Office Sought: House Senate President State CA District 14

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

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|----------------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 2. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 3. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 4. | _____ | FEC ID number | <input type="checkbox"/> C _____ |

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Write or Type Committee Name

Debbie Bacigalupi for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Nancy L. Warren

Mailing Address 20 Galli Drive, Suite A

Novato CA 949495731

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 415 884 5500

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 Nancy L. Warren

Mailing Address 20 Galli Drive, Suite A

Novato CA 949495731

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 415 884 5500

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Full Name of Designated Agent

None

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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 San Francisco

Mailing Address

575 Market Street, Suite 2400

San Francisco

CA

94105

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Provident Credit Union

Mailing Address

303 Twin Dolphin Drive

Redwood City

CA

94065

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.

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| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS First Class Mail | Postmarked |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
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| <input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | Postmarked |
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| <input type="checkbox"/> USPS Express Mail | Postmarked |
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| <input type="checkbox"/> Postmark Illegible | |
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| <input type="checkbox"/> No Postmark | |
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| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date <i>3/22/12</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/> | |

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| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
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| PREPARER  (3/2005) | DATE PREPARED <i>3/23/12</i> |
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