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FEC FORM 1

STATEMENT OF ORGANIZATION

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					•		Office Use Only		
1. NAME OF COMMITTEE (ii	•	X	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5	*		
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ADDRESS (number a	and street)	PP	Box 4°	111	<u> </u>	1.1.1.1.1.1.			
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is changed	N .	1/ //	1.6.5			10 A I	19657/11		
		لالك	1491			ea	195934-		
COMMITTEE'S E-M.	AIL ADDRES	s		CITY		STATE	ZIP CODE		
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COMMITTEE'S FAX	NUMBER								
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2. DATE	\$ ' ! \$	ė ′ ž							
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3. FEC IDENTIFI	CATION NU	MBER	C;						
4. IS THIS STATE	MENT	NE	w (N) OR	Ž	AMENDED (A)				
I certify that I have	examined this	s Staten	nent and to the be	st of my	knowledge and belief	it is true, correc	ct and complete.		
Type or Print Name	of Treasurer		micha	e(Woul	LY_			
	/) .	001	01		*	m1, m m , u u u '		
Signature of Treasur	rer	m	WH	m	h	Date \ \	15 2008		
NOTE: Submission of	false, erroner	ous, or i	ncomplete informatio	n mav su	blect the person signing	this Statement t	the penalties of 2 U.S.C. §437g.		
	-	-	•	•	OULD BE REPORTED				
Office					For further information		FEC FORM 1		
Use Only		_			Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 12/2007)		
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	101111 (11011304 122007)	1 ago =							
TYPE O	COMMITTEE								
Candid	ate 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	B [
Candidate Party Aff		State Senate President District							
(c)	This committee supports/opposes only one candidate, and is NOT	T an authorized committee.							
Name of Candidat	B [
Party (Committee:								
(d)	X This committee is a local (National, State or subordinate) committee	pe of the Dem Republican, etc.) Party.							
Politica	I Action Committee (PAC):								
(0)	This committee is a separate segregated fund. (Identify connected	d organization on line 6.) Its connected organization is a:							
	Corporation Corporation w/	/o Capital Stock Labor Organization							
	Membership Organization Trade Associate	tion Cooperative							
(f)	This committee supports/opposes more than one Federal candida committee. (i.e., nonconnected committee)	ate, and is NOT a separate segregated fund or party							
	In addition, this committee is a Leadership PAC. (Identify sp	oonsor on line 6.)							
Joint F	undraising Representative:								
(g)	This committee collects contributions, pays fundraising expenses an committees/organizations, at least one of which is an authorized cor								
(h)	This committee collects contributions, pays fundraising expenses an committees/organizations, none of which is an authorized committee	d disburses net proceeds for two or more political							
٠.	committees Participating in Joint Fundraiser	o or a receival varidigate.							
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Write or Type Committee Nam	0			
CHICO De	nowalse the	\$08		
	Organization, Affiliated Committee, L		or or Joint Fund	aising Representative
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			1111	
Mailing Address	PO BOX 4924			
	ears			
	CHICPILLI			5,5,2,7 ₁
E->	Al Acet of City	100 Demo	STATE Lea Le C	ZIP CODE
Connected Organization	Affiliated Committee	Leadership PAC Sponso	ir Joint Fur	draising Representative
 Custodian of Records: Idea books and records. 	ntify by name, address (phone numbe	r optional) and positio	on of the person	in possession of committee
Full Name	hael Worle	7	<u>i i l l l l</u>	
Mailing Address	787 Fallagent	140e	<u></u>	
				
	(44,60	لببب	KA D	<u> </u>
Title or Position	CITY		STATE	ZIP CODE
TREASURE	<u> </u>	Telephone num	ber <u>LS3</u> 0	-1570-1775
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the	committee; and t	he name and address of
Full Name of Treasurer	une as assore	 		
Mailing Address				
				ــــا-لـــــ
Title or Position	CITY		STATE	ZIP CODE
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CITY

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ZIP CODE

STATE

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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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked** 10/15/08 **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):