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10/21

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF COMMITTEE (or full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MB

MERCED COUNTY DEMOCRATIC CENTRAL COMMITTEE - FEDERAL COMMITTEE

ADDRESS (number and street) P.O. BOX 2659

(Check if address is changed) MERCED CA 95344

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
209 - 384 - 1930

2. DATE 10 20 2004

3. FEC IDENTIFICATION NUMBER 000407353

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 Nancy L. Warren

Signature of Treasurer [Signature] Date 10 20 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §407g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission, 701 First Street, N.W., Washington, D.C. 20543-1100

FEC FORM 1  
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

**CFEX**

- (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 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

CALIFORNIA DEMOCRATIC PARTY \_\_\_\_\_

Mailing Address 1401 21st STREET  
SUITE 100  
SACRAMENTO CA 95814  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED \_\_\_\_\_

- Type of Connected Organization:
- Corporation
  - Corporation with Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

Write or Type Committee Name

MERCED COUNTY DEMOCRATIC CENTRAL COMMITTEE - FEDERAL COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of certificate books and records.

Full Name NANCY L. WARREN  
 Mailing Address 2261 MARKET STREET  
SUITE 319  
SAN FRANCISCO CA 94114  
 Title or Position ACCOUNTANT/TREASURER Telephone number 415-252-3700

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 2261 MARKET STREET  
SUITE 319  
SAN FRANCISCO CA 94114  
 Title or Position TREASURER Telephone number 415-252-3700

Full Name of Designated Agent MARY WARD  
 Mailing Address P.O. BOX 2659  
MERCED CA 95344  
 Title or Position VICE CHAIR/ASSISTANT TREASURER Telephone number 209-384-1966

B. 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 AMERICA

Mailing Address

501 CASTRO STREET

SAN FRANCISCO

CA

94114

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.

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<i>JMP</i> PREPARER	<i>10-21-04</i> DATE PREPARED

(5/2004)