FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(Operinal position										
		(See instruction	ns)					Offic	e use only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example over the	e: If typying, ty e lines	/pe	12FE	4M5	1 1				
Democratic S	State Central Com	mittee of CA -Fe	deral					Ш			Ш	
ADDRESS (number and	d street)	21st Street, Sui	te 200		ш			ш	ш		ш	
X (Check if add	Iress				ш	ш		ш	ш		ш	
is changed)	Sacr	amento	Ш		Ш	CA			95814	<u> </u>	ш	
COMMITTEE'S E-MA	All ADDRESS		CITY▲			STATE	•		ZIP (CODE 4	•	
cha2@cadem												
onaz@oadom	<u></u>				ш			Щ	Ш		ш	_
					ш	ш		ш	ш		ш	Ц
COMMITTEE'S WEE	B PAGE ADDRESS (U	IRL)										
www.cadem.	org						ı				ш	Ш
						ш		ш			لللا	
COMMITTEE'S FAX 916-442-5991	NUMBER M / D D / Y											
2. DATE M	2 07	2006										
3. FEC IDENTIFIC	ATION NUMBER		C C0010	5668								
4. IS THIS STATE	MENT NEW	V (N) OR	X	AMENDED	(A)							
I certify that I have exan	nined this Statement and	to the best of my know	wledge and b	elief it is true, c	orrect and	l complet	e					_
Type or Print Name o	f Treasurer	Katherine Moret										
Signature of Treasure	er Electronically File	d by Katherine	Moret		[Date	^M 1 2	M /	14	/ Y	^Y 0 0	6
NOTE: Submission of f	alse, erroneous, or incon	nplete information may		0 0			•		2 U.S.C.	S437g.		
Office Use Only			Fe	or further infor ederal Election (oll Free 800-424 ocal 202-694-11	Commissi 4-9530			F	FEC F			

	FECForm 1 (Revised 02/2003)	Page 2
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 car information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) X This committee is a STA (National, State (or subordinate) committee of the Reput	nocratic, ublican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	l or party
6.	Name of Any Connected Organization or Affiliated Committee	
l	ASDC Partnership Program	.
L		
	Mailing Address 430 South Capitol Street, S.E.	
	Washington DC 2000)3 _
	CITY STATE ZI	P CODE A
	Relationship Joint Fundraising Representative	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	ı
	Membership Organization Trade Association Cooperative	

	FEC Form 1 (Revised 02	2/2003)		Page 3
٧	Vrite or Type Committee Name			
	Democratic State Centre	al Committee of CA -Federal		
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone nur books and records.	nber optional), and position	of the person in
	Full Name Enedel	a Guerra Brown		
	Mailing Address	1401 21st Street, Sui	te 200	
		Sacramento		95814
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Dir. Campa	aign Repts	91 Telephone number	6 442 5707
	Full Name of Treasurer Mailing Address	ne Moret 5439 Dahlia Drive		
		Los Angeles	CA	90041
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
	Treasurer		Telephone number	23 256 7785
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	
			Talanhanaanumaha	

	FEC Form 1 (Revised 02/2003)			
9.	Banks or Other Depositorie safety deposit boxes or mainta	ains funds.	holds accounts, rents	
	Name of Bank, Depository, et	0.		
	Bank	of America		
	Mailing Address	1501 Pennsylvania Avenue, NW		
		Washington	20005	
		CITY A STATE A	ZIP CODE 🛕	

Membership Organization

FEC Form 1 (Revised 1/2001) Page 5 / 10

Banks or Other Depositor			
safety deposit boxes or mai			
Name of Bank, Depository,		[ADDITIONAL]
City	of National Bank		
Mailing Address	2029 Century Park East		
	Los Angeles	CA	90067
	CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected	Organization or Affiliated Committee		
			ADDITIONAL
		-	ADDITIONAL]
Democratic National (Committee	-	ADDITIONAL]
Democratic National (Committee	-	ADDITIONAL]
Democratic National (Committee	- 	ADDITIONAL]
Democratic National (Committee 430 So. Capitol Street SE		ADDITIONAL]
			ADDITIONAL]
		- - - - - - - - - - - - - - - - - - -	ADDITIONAL]
	430 So. Capitol Street SE		
Mailing Address	430 So. Capitol Street SE Washington	pc	20003
Mailing Address	430 So. Capitol Street SE Washington CITY▲ at Fundraising Participant	pc	20003
Mailing Address Relationship	430 So. Capitol Street SE Washington CITY▲ at Fundraising Participant	pc	20003 ZIP CODE ▲

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY &	STATE▲	ZIP CODE A
		elephone number	

Type of Connected Organization:

Membership Organization

Corporation

FEC Form 1 (Revised 1/2	2001)			Page 7 / 10
Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	er depositories in which the committee	deposits funds, ho	lds accounts, rents
M & T E Mailing Address	3ank 1350 Street, NV	V Suite 200		
	Washington		DC	20005
		CITY 🛆	STATE 🛆	ZIP CODE 🛆
Name of Any Connected Org	anization or Affiliated	Committee		[ADDITIONAL]
Mailing Address				
		CITY▲	STATE A	ZIP CODE 🛦
Relationship				

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ADDITIONAL]	
Full Name			
-			_
Title or Position ▼	CITY A Te	STATE A ZIP CODE A elephone number = =	

Corporation

Membership Organization

rec ro min i (nevis	ed 1/2001)	Page 9 / 10
Banks or Other Depositors safety deposit boxes or man Name of Bank, Depository	pries: List all banks or other depositories in which the craintains funds.	
We	IIs Fargo Bank	
Mailing Address	400 Capitol Mall	
	Sacramento	CA 95814 _
	CITY 🛆	STATE △ ZIP CODE △
Name of Any Connected	d Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected	d Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected	d Organization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected	d Organization or Affiliated Committee	[ADDITIONAL]
	d Organization or Affiliated Committee	[ADDITIONAL]
	d Organization or Affiliated Committee	[ADDITIONAL]
		[ADDITIONAL] STATE A ZIP CODE A

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ♥	CITY A	
		Гelephone number