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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Foothill Community Democrats

ADDRESS (number and street)

P.O. BOX 1958

(Check if address
is changed)

Monrovia

CA

91017

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lemcke@durkeeandassociates.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

818 - 260 - 0657

2. DATE

08 / 08 / 2007

08

2007

3. FEC IDENTIFICATION NUMBER ▶

C C00417097

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 Matthews**

Signature of Treasurer

Date

08 / 08 / 2007

08

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)

27039504986

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

NONE _____

NONE _____

Mailing Address

NONE _____

NONE _____

NONE _____

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

Foothill Community Democrats

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 MATTHEWS** |

Mailing Address | **352 NORTH ALTA VISTA AVENUE** |

| **MONROVIA** | | **CA** | | **91016** | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| **Treasurer** | Telephone number | **626** | - | **305** | - | **9215** |

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 MATTHEWS** |

Mailing Address | **352 NORTH ALTA VISTA AVENUE** |

| **MONROVIA** | | **CA** | | **91016** | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| **Treasurer** | Telephone number | **626** | - | **305** | - | **9215** |

Full Name of Designated Agent | |

Mailing Address | |

| | | | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| | Telephone number | | - | - |

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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.

Washington Mutual

Mailing Address

P.O. Box 2395

Chatsworth

CA

91313

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JWA
 PREPARER

8/13/07
 DATE PREPARED

27039504990