

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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OPERATIONS CENTER

2005 AUG 23 A 10:16

Office Use Only

1. NAME OF  
COMMITTEE (In full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

SARDO FOR CONGRESS '06

ADDRESS (number and street)

1361 FOOTHILL BLVD

(Check if address  
is changed)

LA CANADA

CA

91011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SARDOFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

818-790-9284

2. DATE

08 / 11 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C

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

CHARLES M. HARKER

Signature of Treasurer

Date

08 / 11 / 2005

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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 S. SONNY SARDO

Candidate Party Affiliation REP Office Sought:  House  Senate  President State CA District 26

- (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

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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

SARDO FOR CONGRESS '06

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 CHARLES M HARKER

Mailing Address 1150 FOOTHILL BLVD., SUITE D

LA CANADA CA 91011 - 3248

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 818 - 790 - 9205

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 CHARLES M. HARKER

Mailing Address 1150 FOOTHILL BLVD., SUITE D

LA CANADA CA 91011 - 3248

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 818 - 790 - 9205

Full Name of Designated Agent CYNTHIA CHERNACK

Mailing Address 8804 WYNGATE STREET

SUNLAND CA 91040 -

Title or Position CITY STATE ZIP CODE

ASSISTANT Telephone number 818 - 951 - 0621

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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.

CITIZEN'S BUSINESS BANK

Mailing Address

858 FOOTHILL BLVD.

LA CANADA CA 91011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>EW</i>	<i>8/23/05</i>
<b>PREPARER</b>	<b>DATE PREPARED</b>

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