



California Republican Party

The Ronald Reagan California Republican Center
1903 West Magnolia Blvd. • Burbank, California 91506
(818) 841-5210 • Fax (818) 841-6668 • www.cagop.org

RECEIVED
FEC MAIL ROOM

2001 APR 13 A 11: 57

April 12, 2001

Federal Election Commission
999 E Street, NW
Washington, DC 20463

RE: Campbell California Victory 2000 Committee (C00361246)

Dear Commission:

I have enclosed the attached two forms for filing with the Federal Election Commission.

I have an updated Form 1, Statement of Organization, changing the Treasurer of the Committee and a Form 3X, Termination Report.

Feel free to contact me with any questions. Please endorse a copy of this letter for my files.

Sincerely,

Jill Schegardt
Controller

Enclosure: Form 1 and Form 3X

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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CAMPBELL CALIFORNIA VICTORY 2000

ADDRESS (number and street)

1903 W MAGNOLIA BLVD

(Check if address
is changed)

BURBANK

CA

91506

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jschugardt@cagop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.cagop.org

2. DATE

04 06 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00361246

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Douglas R. Boyd, Sr.

Signature of Treasurer

Douglas R. Boyd, Sr.

Date

4/12/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One) **NO CHANGE**

- (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
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- (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 **NO CHANGE**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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

NO CHANGE

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

DOUGLAS R. BOYD SR.

Mailing Address

7665 N. BEN LOMOND AVE

GLENORA

CA

91741

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

818-841-5210

Full Name of Designated Agent

PHILIP STUMP

Mailing Address

1014 N. Woods Ave.

FULLERTON

CA

92835

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number

818-841-5210

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.

NO CHANGE

Mailing Address

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 Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-13-01
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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<i>SEI</i> PREPARER	4-13-01 DATE PREPARED