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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Examine for typing, type over the lines. 12384M5

SOLANO COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

2985 SILVIA ANDREWS ROAD

X (Check if address is changed)

FAIRFIELD

CA

94534-7839

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ch:hen:depasbell.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

707-426-5513

2. DATE 04 15 2003

3. FEC IDENTIFICATION NUMBER C00174821

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 CRAIG G. SVARBODA

Signature of Treasurer *Craig G. Svarboda*

Date 04 15 2003

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 1-877-424-3530
Local 202-684-1100

FEC FORM 1
(Revised 02/2003)

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

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.

Full Name: TREASURER

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: CRAIG G SNOBODA

Mailing Address: 2985 SAINT ANDREWS ROAD

FAIRFIELD CA 94534-7839

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TREASURER Telephone number: 707-426-5518

Full Name of Designated Agent: _____

Mailing Address: _____

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Telephone number: _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposit funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WEST AMERICA BANK

Mailing Address

2400 HILBORN ROAD

FAIRFIELD CA 94534

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


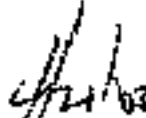
STATE ▲

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 type="checkbox"/> Hand Delivered	Date of Receipt
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