

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

06 MAY 22 PM 2:14 RD

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

California, Senate, Victory

ADDRESS (number and street)

120 Maryland Avenue, NE

(Check if address is changed)

Washington DC 20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 485 - 3120

2. DATE

05 / 22 / 2006

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

Chris Koob

Signature of Treasurer

Date

05 / 22 / 2006

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)

26020332102

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

Feinstein for Senate _____

Mailing Address 601 S. Glen Oaks Blvd
Suite 211
Burbank CA 91502
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

26020332103

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

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

Washington DC 20002

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26020332104

Write or Type Committee Name

California Senate Victory

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 | Chris Koop |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position | CITY | STATE | ZIP CODE

| Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

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 | Chris Koop |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position | CITY | STATE | ZIP CODE

| Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

Full Name of Designated Agent | Darlene Setter |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position | CITY | STATE | ZIP CODE

| Assistant Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

26020332105

Write or Type Committee Name

California Senate Victory

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

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent: Baroon Khan

Mailing Address: 420 C Street, NE

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 202-547-8866

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B. 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.

Bank of America

Mailing Address

730 + 15th Street, NW

Washington DC 20002

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 05-22-06
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 05-22-06

26020332108

26020332109

