

RECEIVED
FEC MAIL
CONTRIBUTIONS CENTER

2004 JAN -7 A 9:27

Office Use Only

FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 DE 4MS

VICKI JOHNSON FOR CONGRESS

ADDRESS (number and street)

P.O. Box 1327

(Check if address
is changed)

CLAREMONT

CA

91711-1327

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Congress2004@vickijohnson.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.VickiJohnson.org

COMMITTEE'S FAX NUMBER

(909)-1621-3256

2. DATE

12 30 2003

3. FEC IDENTIFICATION NUMBER ▶

C pending

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

Vicki Johnson

Signature of Treasurer

Vicki Johnson

Date

12 30 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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9522
Local 202-394-1100

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

Vicki Johnson for Congress

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: VICKI JOHNSON

Mailing Address: P.O. Box 1327

CLAREMONT

CA 91711-1327

Title or Position: CITY: STATE: ZIP CODE:

Candidate 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: Vicki Johnson

Mailing Address: P.O. Box 1327

CLAREMONT

CA 91711-1327

Title or Position: CITY: STATE: ZIP CODE:

Candidate Telephone number

Full Name of Designated Agent:

Mailing Address:

Title or Position: CITY: STATE: ZIP CODE:

Telephone number

g. 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.

Hells Fango Bank

Mailing Address

703 YALE AVE

CLAYBURN CA 91711

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
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-9-04</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (RC)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMP</i>	<i>1-7-04</i>
PREPARER	DATE PREPARED