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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines.

12EE4M5

VICTOR ELIZABETH FOR CONGRESS

ADDRESS (number and street)

5085 GREEN VALLEY CIRCLE SUITE 201

(Check if address is changed)

MILLER CITY

CA

90394

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

310 - 215 - 1004

2. DATE

12/03/03

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

EMILIA LLOYD-SMITH

Signature of Treasurer

Date

12/03/03

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 800-424-9691
Local 202-694-1100

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: VICTOR ELIZALDE

Candidate Party Affiliation: REP

Office Sought: House Senate President

State: CA

District: 30

- (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

VICTOR SIZEMORE 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: RENITA LLOYD-SMITH

Mailing Address: 5853 GREEN VALLEY CIRCLE SUITE 201
CULVER CITY CA 90230

Title or Position: CSW Telephone number: 310 - 215 - 1054

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: RENITA LLOYD-SMITH

Mailing Address: 5853 GREEN VALLEY CIRCLE SUITE 201
CULVER CITY CA 90230

Title or Position: Treasurer Telephone number: 310 - 215 - 1054

Full Name of Designated Agent: _____

Mailing Address: _____

Title or Position: _____ Telephone number: _____ - _____ - _____

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 files.

Name of Bank, Depository, etc.

CALIFORNIA BANK & TRUST

Mailing Address

550 S. BOND STREET, SUITE 100

LOS ANGELES

CA

90071

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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