

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

2002 AUG 28 AM 16

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

128B4M5

Garcia For Congress

ADDRESS (number and street)

120 Madison Blvd Suite 101

(Check if address
is changed)

San Diego

CA

92101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lgarcia@rep.house.gov

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 22 2002

3. FEC IDENTIFICATION NUMBER

C 000378934

4. IS THIS STATEMENT

NEW (N)

OR

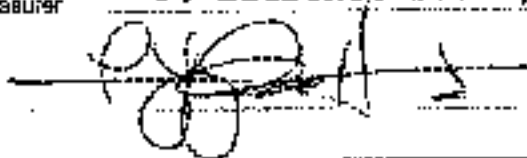
AMENDED (A)

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

P. Laurence Scott, Jr.

Signature of Treasurer



Date

08 22 2002

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 800-424-9536
Local 202-694-1100

FEC FORM 1
(Revised 10/01)

www.fecfile.com

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 Dr. Lawrence Scott, Jr.

Mailing Address 310 Encinitas Blvd., Suite 201
Encinitas CA 92024

Title or Position CITY STATE ZIP CODE

CSST Telephone number 7603323600

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 Dr. Lawrence Scott, Jr.

Mailing Address 330 Encinitas Blvd., Suite 101
Encinitas CA 92024

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 7603323600

Full Name of Designated Agent Earl Jacobs

Mailing Address 330 Encinitas Blvd., Suite 101
Encinitas CA 92024

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 7603323600

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.

San Diego National Bank

Mailing Address

4270 Executive Square

La Jolla

CA

92037

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>8-22-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
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<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jes</i> PREPARER	<i>8-28-02</i> DATE PREPARED