

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
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COMMISSION MAIL ROOM
2000 MAY 30 A 11:32

1. (a) NAME OF COMMITTEE IN FULL Committee to Elect Cary Savitch For US Congress	☐ (Check if name is changed)	2. DATE May 22, 2000
(b) Number and Street Address 2929 Loma Vista Rd, Suite F	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Ventura, California 93003	4. Is This Report An Amendment? ☐ YES ☒ NO	

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
Cary Bruce Savitch | Candidate Party Affiliation
Reform | Office Sought
US Congress | State/District
23rd |
|--|--|-------------------------------------|-------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

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

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: **Pamela J Savitch** Mailing Address: **Ventura, CA 93001** Title or Position: **Treasurer**
1776 Marisol DR

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: **Pamela J Savitch** Mailing Address: **Ventura, CA 93001** Title or Position: **Treasurer**
1776 Marisol DR

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.: **Washington Mutual Bank** Mailing Address and ZIP Code: **Ventura Marina 1630**
2499 Harbor Blvd.
Ventura, CA 93001

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 Pamela J Savitch	SIGNATURE OF TREASURER <i>Pamela J Savitch</i>	DATE May 22, 2000
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9630
Local 202-219-3420

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FEC FORM 1
(revised 4/07)

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.

☐ Hand Delivered	Date of Receipt
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 Jm 11 PREPARER	 5-30-00 DATE PREPARED