FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	0	RGANIZA	IION			
		(See instruction	s)		(Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If over the line	typying, type es	12FE4M5	
LONGS DRUG	S GOOD GOVER	MENT COUNCI	L			
ADDRESS (number and	street)	CIVIC DRIVE				
(Check if add is changed)		NUT CREEK			CA L	94596
COMMITTEE'S E-MA	II ADDDESS		CITY▲		STATE▲	ZIP CODE 📥
	IIL ADDNESS					1
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)				
			1111		1111	
COMMITTEE'S FAX I 9252106699	NUMBER	J				
2. DATE M 1	2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
3. FEC IDENTIFICATION NUMBER C C00106609						
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)						
I certify that I have exam	ined this Statement and	to the best of my know	ledge and belief	it is true, correct an	d complete	
Type or Print Name of	Troopurer N	Irs. Deborah Anı	n Mercado			
Type of Fillit Name of						 -
Signature of Treasure	r Electronically Filed	l by Mrs. Deboi	rah Ann Mer	cado	Date 0 1	06 2009
NOTE: Submission of fa	alse, erroneous, or incom	plete information may				s of 2 U.S.C. S437g.
Office Use Only			Federa Toll Fr	rther information of Il Election Commissee 800-424-9530 202-694-1100		FEC FORM 1 (Revised 12/2007)

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5.			DMMITTEE (Check One) committee:						
	(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 information below.)	candidate					
	Name Cand								
	Cand Party	lidate Affiliatio	Office Sought: House Senate President	State District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Cand								
	Party	Comm							
	(d)			Democratic, Republican,etc.) Party.					
	Politi	ical Acti	ion Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:					
			X Corporation Corporation w/o Capital Stock Labor	or Organization					
			Membership Organization Trade Association Coo	perative					
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)								
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint	Joint Fundraising Representative:							
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
		Committees Participating in Joint Fundraiser							
			1. FEC ID number C						
			2 FEC ID number C						
			3. FEC ID number C						
			4. FEC ID number C						
			FEC ID number C						

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Write	or Type Committee Name					_		
LC	ONGS DRUGS GOOD	GOVERNMENT COUNCIL						
6. Na	me of Any Connected Org	anization, Affiliated Committee, L	_eadership PAC Sponsor or Jo	int Fundi	raising Representative	_		
CV	S Caremark Corporati	on Employees PAC	1		<u> </u>	_		
				<u> </u>		_		
Ма	iling Address	1300 I Street, NV	N					
		Suite 525West						
		Washington		рС	20005			
		CITY▲	STA	ATE 🛕	ZIP CODE 🛕			
Re	lationship:							
	Connected Organization	X Affiliated Committee	Leadership PAC Sponsor	J	oint Fundraising Representative	;		
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Ful	Mrs. De	eborah Ann Mercado						
Ма	illing Address	141 N. Civic Dr						
		Walnut Creek		CA	94596			
Titl	e or Position ♥ Treasurer	CITY A	ST. Telephone number	ATE ∆ 	ZIP CODE 4 - 210 - 6503			
na Fu	me and address of any	and address (phone number designated agent (e.g., assista eborah Ann Mercado	• /	the com	mittee; and the	_		
Ma	ailing Address	141 N. Civic Dr						
						_		
		Walnut Creek		CA	94596 –			
Tit	le or Position ♥	CITY 🛦	ST	ATE A	ZIP CODE A			
	Treasurer		Telephone number	925	210 6503			

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Tel	ephone number	
9.	Banks or Other Depositoric safety deposit boxes or maint Name of Bank, Depository, e	tains funds.	committee deposits funds, holds	accounts, rents
	Mailing Address			
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, Depository, e	tc.		
	Mailing Address			
		CITY ▲	STATE. △	ZIP CODE 🛕