

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2007 MAY 16 AM 10:36

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Committee to Elect George Parmer for  
Congress

ADDRESS (number and street)

1054 E Appleton

(Check if address  
is changed)

Long Beach

CA 90802

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

joge02@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.parmeforcongress.com

COMMITTEE'S FAX NUMBER

562 612 6584

2. DATE 05 09 2007

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

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

John Soto

Signature of Treasurer

John Soto

Date

05 09 2007

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 800-424-9530  
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

George A. Parmer, Jr.

Candidate  
Party Affiliation

Dem

Office  
Sought:☒

House

Senate

President

State

CA

District

37

- (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

John Soto

Mailing Address

1054 E Appleton

Long Beach

CA 90802

Title or Position▼

CITY▲

STATE▲

ZIP CODE▲

Treasurer

Telephone number

562 533 3924

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

John Soto

Mailing Address

1054 E Appleton

Long Beach

CA 90802

Title or Position▼

CITY▲

STATE▲

ZIP CODE▲

Treasurer

Telephone number

562 533 3924

Full Name of  
Designated  
Agent

Mailing Address

Title or Position▼

CITY▲

STATE▲

ZIP CODE▲

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 funds.

Name of Bank, Depository, etc.

Wells Fargo Bank, N.A.

Mailing Address

111 W Ocean Blvd Suite #100

Long Beach

CA 90802

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 FEC added this page to the end of this filing to indicate how it was received.

|                                         |                 |
|-----------------------------------------|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|-----------------------------------------|-----------------|

|                                                |            |
|------------------------------------------------|------------|
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
|------------------------------------------------|------------|

|                                                    |                  |
|----------------------------------------------------|------------------|
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
|----------------------------------------------------|------------------|

|                                                                                  |            |
|----------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |            |

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> USPS Express Mail | Postmarked<br>5/15/07 |
|-------------------------------------------------------|-----------------------|

|                                             |  |
|---------------------------------------------|--|
| <input type="checkbox"/> Postmark Illegible |  |
|---------------------------------------------|--|

|                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> No Postmark |  |
|--------------------------------------|--|

|                                                                |               |
|----------------------------------------------------------------|---------------|
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/>            |               |

|                                                                            |                 |
|----------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
|----------------------------------------------------------------------------|-----------------|

|                                                                     |                 |
|---------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
|---------------------------------------------------------------------|-----------------|

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
|-----------------------------------------------------------------|-----------------|

|                                           |                               |
|-------------------------------------------|-------------------------------|
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|-------------------------------------------|-------------------------------|

*Imy*  
PREPARER

5/16/07  
DATE PREPARED