

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
ELECTION COMMISSION
7003 SEP -9 P 12:57

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

S G O L I N O S , F O R , C O N G R E S S

ADDRESS (number and street)

70 S. LAKE AVE., STE. 660

(Check if address is changed)

P A S A D E N A

C A

91101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

WWW.SGOLINOS4CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

626-556-0930

2. DATE

08 / 28 / 2003

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:

David W.M. Couch

Signature of Treasurer

David W.M. Couch

Date

08 / 28 / 2003

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 30 DAYS.

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For further information contact
Federal Election Commission
Toll Free 800-424-9520
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: HARRY FRANK SCOLINOS

Candidate Party Affiliation: REP Office Sought: House Senate President State: CA District: 29

- (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 DAVID W. COUCH

Mailing Address 1041 W. BADDLLO ST.

COVINA CA 91722

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 626-858-5100

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 DAVID W. COUCH

Mailing Address 1041 W. BADDLLO ST., STE. 112

COVINA CA 91722

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 626-858-5100

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

6. 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.

CITY NATIONAL BANK

Mailing Address

215 N. MARFEGO

PASADENA CA 91101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲


ZIP CODE ▲

12-23-03 11:13 AM 13 2003 11 21 05 22

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9/9/03
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 PREPARER	9/9/03 DATE PREPARED

2003-09-09 09:03:12