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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FEAMS

DRISCOLL FOR CONGRESS COMMITTEE

ADDRESS (number and street) 11710 BROADWAY

(Check if address is changed) SACRAMENTO CA 95816

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
~~http://www.driscollforcongress.org~~
~~campaign@driscollforcongress.org~~

COMMITTEE'S WEB PAGE ADDRESS (URL)
<http://www.driscollforcongress.org>

COMMITTEE'S FAX NUMBER
916-445-6124

2. DATE 07 08 2008

3. FEC IDENTIFICATION NUMBER

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 Denise-Christine

Signature of Treasurer *Denise-Christine* Date 07 10 2008

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.

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: PATRICK WILLIAM PRISCONE

Candidate Party Affiliation: GRE Office Sought: House Senate President State: CA District: 05

- (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

NONE

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: TREASURER

Mailing Address: _____

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Telephone number: _____

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: DENISE CHRISTINE

Mailing Address: 1706 F STREET

SACRAMENTO CA 95819-1716

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TREASURER Telephone number: 916-447-1211

Full Name of Designated Agent: CRESZENZA VELLURCI

Mailing Address: 111 LOVELLA WAY

SACRAMENTO CA 95819

Title or Position: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ASSISTANT TREASURER Telephone number: 916-994-9170

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, terms safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO

Mailing Address

300 CAPITAL AVE

SACRAMENTO CA 95814-5203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ES</i>	7/26/04
PREPARER	DATE PREPARED