

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.

12FE4M5

ROSIE AVILA FOR CONGRESS

ADDRESS (number and street)

3007 S DIAMOND ST

(Check if address is changed)

SANTA ANA

CA

92708-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ROSIEAVILA7@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 02 2006

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

Bruce L. Nutting

Signature of Treasurer

Bruce Nutting

Date

01 02 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437c.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-6530 Local 202-464-1100

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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 ROSIE AVILA

Candidate Party Affiliation REP Office Sought House Senate President State CA District 47

- (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

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Write or Type Committee Name

ROSIE AVILA FOR CONGRESS

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 BRUCE NUTTING (Treasurer)

Mailing Address

Title or Position CITY STATE ZIP CODE

TREASURER 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 BRUCE L. NUTTING

Mailing Address 2872 PACIFIC AVE

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 909-702-1217

Full Name of Designated Agent JACKIE L. NUTTING

Mailing Address 2872 PACIFIC AVE

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER & CAMPAIGN MANAGER Telephone number 909-702-1218

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B. 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

Mailing Address

Grid lines for address entry

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Grid lines for bank name entry

Mailing Address

Grid lines for address entry

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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