01/19/2006 14 : 55

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typying, type over the lines 12FE4M5

COMMITTEE TO ELECT FRANK AMADOR

ADDRESS (number and street)

8721 Santa Monica Blvd., #658

X (Check if address is changed)

LOS ANGELES CA 90069 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

amadorcommittee@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 19 2006

3. **FEC IDENTIFICATION NUMBER** **C** **C00413690**

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 FRANK AMADOR, Esq.

Signature of Treasurer Electronically Filed by FRANK AMADOR, Esq. Date 01 19 2006

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) X 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: FRANK AMADOR, Esq.

Candidate Party Affiliation: DEM

Office Sought: X House Senate President

State: CA

District: 39

(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

COMMITTEE TO ELECT FRANK AMADOR

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: **FRANK AMADOR, Esq.**

Mailing Address: **8721 Santa Monica Blvd., #658**

LOS ANGELES **CA** **90069** –

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: **FRANK AMADOR, Esq.**

Mailing Address: **8721 Santa Monica Blvd., #658**

LOS ANGELES **CA** **90069** –

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ – _____ – _____

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.

BANK OF AMERICA DEBIT CARD

Mailing Address P.O. BOX 37176

SAN FRANCISCO | CA | 94137 –

CITY | STATE | ZIP CODE