

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) **Your Democratic Voter Guide**

(b) Number and Street Address ☐ (Check if address is changed) **1592 Union St., #477**

(c) City, State and ZIP Code **San Francisco, CA 94123**

2. DATE **MAY 28 11 43 AM '96**

3. COMMITTEE IDENTIFICATION NUMBER **000316463**

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

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 _____ Candidate Party Affiliation _____ Office Sought _____ State District _____

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee (name of candidate)

(d) This committee is a _____ committee of the _____ Party (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund

X (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

Type of Connected Organization

Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 _____ Mailing Address _____ Title or Position _____
Philip Muller 1592 Union St., #477, San Francisco, CA 94123 Treasurer

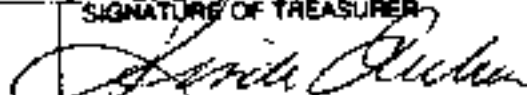
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name _____ Mailing Address _____ Title or Position _____
Philip Muller 1592 Union St., #477, San Francisco, CA 94123 Treasurer
Kinde Durkee 444 S. Occidental Blvd., #421, Los Angeles, CA 90057 Asst Treasurer

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. _____ Mailing Address and ZIP Code _____
Wells Fargo Bank 1900 Union St. San Francisco, CA 94123

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 _____ SIGNATURE OF TREASURER _____ DATE _____
Kinde Durkee  **5/23/96**

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.

--	--	--	--

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-5180

FEC FORM 1
 (revised 4/87)

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.

☐ Hand Delivered	DATE OF RECEIPT
☐ First Class Mail	POSTMARKED
☒ Registered/Certified Mail	POSTMARKED <i>5/23/96</i>
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House Office of Records and Registration	DATE OF RECEIPT
☐ Received from the Senate Office of Public Records	DATE OF RECEIPT
☐ Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>SMN</i> PREPARED	<i>5/28/96</i> DATE PREPARED