FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		instructions)	Office use only													
1. NAME OF COMMITTEE (in	(Check if is change		ample: If typying, type er the lines	12FE4M5	Cince use unity											
SOCAL GRAS	SROOTS		111111	11111												
	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	111111	11111												
ADDRESS (number and	street) 10855 Barma	n Ave														
(Check if add																
is changed)	Culver City	ш		[ ÇA]	90230											
COMMITTEE'S E-MA	II ADDRESS	CITY	<b>L</b>	STATE▲	ZIP CODE 📥											
	keeandassociates.com				1											
					<del></del>											
COMMITTEE'S WEB	PAGE ADDRESS (URL)															
COMMITTEE'S FAX I 8182600657	NUMBER															
2. DATE 0.3	30 / 2007	Y														
3. FEC IDENTIFICA	ATION NUMBER	C CO	0413617													
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)													
I certify that I have exam	ined this Statement and to the best	t of my knowledge a	and belief it is true, correct	and complete												
Type or Print Name of	Treasurer Debi Eva	ıns														
,,																
Signature of Treasure	Electronically Filed by <b>De</b>	ebi Evans		Date 03	<b>30 2007</b>											
NOTE: Submission of fa	lse, erroneous, or incomplete infor		the person signing this S		es of 2 U.S.C. S437g.											
Office Use Only			For further information Federal Election Communication Toll Free 800-424-9531	nission	FEC FORM 1 (Revised 02/2003)											

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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 information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
		<b>.</b>
	CITY STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name			
SOCAL GRASSROOTS			
<ol> <li>Custodian of Records: Identify possession of Committee boo</li> </ol>	by name, address, (phone number ks and records.	optional), and position of the	ne person in
Full Name Debi Evans	<b>s</b>		
Mailing Address	1082 W. Butte Street		
_	Claremont	CA	91711
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		<b>909</b> Telephone number	
of Treasurer Debi Evans  Mailing Address	1082 W. Butte Street		
_	Claremont		91711
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
Treasurer		Telephone number 909	268 1201
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

	FEC Form	<b>1</b> (Re	evised	02	/200	03)																												Pa	age	4		_
9.	Banks or Other safety deposit box	xes or	main	tain		List Inds		ba	nks	or	oth	ner	de <sub>l</sub>	oos	itor	ies	in	wh	ich	the	e co	mr	nitte	e c	lepo	osit	s fu	nds	s, h	olds	ac	col	ınts	s, re	nts			
	Name of Bank, Do	eposit	ory, e	etc.																																		
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	Mailing Address					Ш							L	L	1	L																						
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