FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See ins	Office use only												
1. NAME OF COMMITTEE (in	(Check if na full) is changed)		12FE4M5											
SOCAL GRAS	SROOTS													
ADDRESS (number and	2908 Blue Spru	ice Circle												
X (Check if addre	ess													
is changed)	Thousand Oak	s	CA 91360 - 1											
COMMITTEE'S E MAN	I ADDRESS	CITY	STATE▲ ZIP CODE ▲											
COMMITTEE'S E-MAI	keeandassociates.com													
COMMITTEE'S WEB	PAGE ADDRESS (URL)													
	111111111													
COMMITTEE'S FAX N 8182600657	IUMBER													
2. DATE 0 3	30 / Y Y Y Y Y Y]												
3. FEC IDENTIFICA	TION NUMBER	C C00413617												
4. IS THIS STATEM	IENT NEW (N)	OR X AMENDED (A)												
I certify that I have exami	ned this Statement and to the best of	my knowledge and belief it is true, correct	and complete											
Type or Print Name of	Treasurer Debi Evans	S												
Type of Time Hame of														
Signature of Treasurer	Electronically Filed by Deb i	i Evans	Date 03 7 30 7 2007											
NOTE: Submission of fal	·	tion may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS											
Office Use Only		For further information Federal Election Community Free 800-424-953	nission FEC FORM 1											

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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 cainformation below.)	andidate
	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, oublican,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 fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
l		.
	Mailing Address	
	CITY▲ STATE▲ 2	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

			Page 3
Write or Type Committee Name			
SOCAL GRASSROOTS			
 Custodian of Records: Identify b possession of Committee books 	y name, address, (phone number and records.	optional), and position of th	e person in
Full Name Debi Evans			
Mailing Address	1082 W. Butte Street		
	Claremont	CA	91711 _
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Treasurer		909 Felephone number	
of Treasurer Mailing Address	1082 W. Butte Street		
or rreasurer	1082 W. Butte Street Claremont	CA	91711
U 11643U161		CASTATE &	91711 ZIP CODE ▲
Mailing Address	Claremont CITY A		
Mailing Address	Claremont CITY A	STATE A	ZIP CODE A
Mailing Address Title or Position ▼ Treasurer Full Name of Designated	Claremont CITY A	STATE A	ZIP CODE A
Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	Claremont CITY A	STATE A	ZIP CODE A

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9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.															s, re	nts															
	Name of Bank, Do	eposit	ory, e	etc.																													
										1				L	1	L															L		_
	Mailing Address					Ш							L	L	1	L																	
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