FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions		Office use only
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Francine Busby	For Congress		
 [
ADDRESS (number and str	eet) 1531 Grand Avenue		
(Check if address	Suite D		
is changed)	San Marcos		CA 92078 - 2463
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS		
COMMITTEE'S WEB P	AGE ADDRESS (URL)		
2. DATE M M M 1.2	JMBER J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT		C00396127	7
4. IS THIS STATEME	NT NEW (N) OR	X AMENDED (A)	
I certify that I have examine	ed this Statement and to the best of my knowl	ledge and belief it is true, correct ar	nd complete
Type or Print Name of T	reasurer Xavier R Martinez		
Signature of Treasurer	Electronically Filed by Xavier R Ma	artinez	Date 12 / DD / YYYY 2008
NOTE: Submission of false	e, erroneous, or incomplete information may s	, , ,	•
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:	
	(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 information below.)	the candidate
	Name of Candidate	Francine P Busby	
	Candidate Party Affiliati	on DEM Office X House Senate President	State CA District 50
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee: (National, State	(5)
	(d)	This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
		1 FEC ID number C	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number	
		- FEC ID number C	0 0 0

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Wri	te or Type Committee Name				
	Francine Busby For Co	ngress			
6.	Name of Any Connected Org	ganization, Affiliated Committee, Leadersh	ip PAC Sponsor or Joint	Fundraising Repres	sentative
1	NONE		1 1 1 1 1 1 1	<u> </u>	
ı				<u> </u>	
	Mailing Address				
		<u> </u>			
		<u> </u>	CA	00000	0 – 📗
		CITY▲	STAT	E ≜ ZIP	CODE A
	Relationship:				
	Connected Organization	Affiliated Committee Lea	adership PAC Sponsor	Joint Fundraisin	g Representative
	possession of Committee	entify by name, address, (phone numbe books and records. R Martinez	er optional), and posi	tion of the person i	in
	Full Name				
	Mailing Address	1531 Grand Avenue			
		Suite D			
		San Marcos		92078	<u>3 _ 2463</u>
	Title or Position ▼	CITY A	STAT	E& ZIP	CODE A
	Treasurer		Telephone number	760 – 752	
		and address (phone number optiona designated agent (e.g., assistant treas		e committee; and t	he
		R Martinez			
	Mailing Address	1531 Grand Avenue			
		Suite D			
		San Marcos		92078	8 – 2463
	Title or Position ♥	CITY A	STAT	'E ▲ ZIF	CODE A
	Treasurer		Telephone number	760 __ 752	9530

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telep	hone number	
Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	ommittee deposits funds, ho	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	maintains funds.		olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. S Bank P. O. Box 1800		ı
safety deposit boxes or n Name of Bank, Depositor	naintains funds. S Bank P. O. Box 1800		ı
safety deposit boxes or n Name of Bank, Depositor	naintains funds. S Bank P. O. Box 1800 Saint Paul		
safety deposit boxes or n Name of Bank, Depositor	P. O. Box 1800 Saint Paul CITY	MN _	55101 _ 0800
safety deposit boxes or n Name of Bank, Depositor Use Mailing Address	P. O. Box 1800 Saint Paul CITY	MN _	55101 _ 0800
safety deposit boxes or n Name of Bank, Depositor Use Mailing Address	P. O. Box 1800 Saint Paul CITY	MN STATE A	55101 _ 0800 _ ZIP CODE
safety deposit boxes or n Name of Bank, Depositor Mailing Address Name of Bank, Depositor	P. O. Box 1800 Saint Paul CITY A	MN STATE A	55101 _ 0800 _ ZIP CODE
safety deposit boxes or n Name of Bank, Depositor Mailing Address Name of Bank, Depositor	P. O. Box 1800 Saint Paul CITY A	MN STATE A	55101 _ 0800 _ ZIP CODE