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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	_	(Ossisslandia		•								
		(See instructio	ns)					Offi	ice use only	/		
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyin the lines	ıg, type	12F	E4M	5	1			
Pete Stark Re	e-Election Commit	tee										
					111		1 1					
ADDRESS (number and	d street)	Box 8331						1 1				لب
(Check if add	dress		ш	шш		ш			ш		ш	
is changed)	Fren	nont		шш	ш	C	A	Ш	9453	7		
COMMITTEE'S E-MA	All ADDRESS		CITY▲			STAT	Ε <u></u>		ZIP	CODE	•	
	aigncompliance.ne	et .										
,						Щ					ш	ш
				шш		ш			ш		ш	$\Box$
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										
www.petesta	ark.com							ш				Ш
						ш					لــــــــــــــــــــــــــــــــــــــ	ш
COMMITTEE'S FAX 4064930898 	M / D D / Y											
3. FEC IDENTIFIC	ATION NUMBER	[	C C00	020974								
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMENI	DED (A)							
I certify that I have exar  Type or Print Name of	nined this Statement and	to the best of my kno	wledge and	d belief it is tru	ue, correct a	nd comp	lete					
. ypo or i mit ivame c												
Signature of Treasure	er Electronically File	d by <b>Deborah S</b>	Stark			Date	<b>0</b>	<b>1</b> /	13	/ Y	Ý 2 0	0 9
NOTE: Submission of t	false, erroneous, or incon	nplete information ma			_		•		of 2 U.S.C	C. S437g	j.	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC	FORI ed 12/200		

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:								
	(a) X	(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	Fortney Pete Stark								
	Candidate Party Affiliati	on DEM Office X House Senate President	State CA District 13							
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name of Candidate									
	Party Comm	nittee:  (National, State	<b>(5</b> )							
	(d)	This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Political Action 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 segregated fund or party committee. (i.e., nonconnected committee)								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fundraising Representative:									
	(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.									
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.									
	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								

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W	rite or Type Committee Name							
	Pete Stark Re-Election C	committee						
6.	Name of Any Connected Org	anization, Affiliated Committee,	Leadership PAC Sponsor or Joi	int Fundra	aising Representative			
1								
	Mailing Address							
				ا لــ				
		CITY	STA	ATE 🛕	ZIP CODE			
	Relationship:	_	_	_				
	Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Jo	int Fundraising Representative			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Holly Giarraputo							
	Full Name							
	Mailing Address	3242 Cummins	Way					
		Missoula		<u>MT</u>	59802			
	Title or Position ▼  Comptrolle	CITY A	STA Telephone number	ATE <b></b> <u>202</u>	ZIP CODE A - 498 - 7123			
8.	<b>Treasurer:</b> 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 Debora	h Stark						
	Mailing Address	PO Box 8331						
		Fremont		CA	94537			
	Title or Position ♥	CITY A	ST	ATE.	ZIP CODE A			
	Treasurer		Telephone number					
			i elepriorie number					

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
			elephone number	
9.	Banks or Other Depositorie safety deposit boxes or mainta Name of Bank, Depository, etc	olds accounts, rents		
	Fremo	ont Bank		
	Mailing Address	32000 Alvarado Blvd.		
		Fremont		94587   _
		CITY 🛕	STATE <b>△</b>	ZIP CODE 🛕
	Name of Bank, Depository, etc.	2.		
	<b>Charl</b> e	es Schwab	1 1 1 1 1 1 1 1 1	
	Mailing Address	PO Box 52114		
		Phoenix	, AZ	85072   _
		CITY 🔼	STATE <b>△</b>	ZIP CODE 🛕