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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(Print in Ink Only)

1 NAME OF COMMITTEE (in full) (Check if name is changed) Exempt if typing type over the lines. 12034155

LISA A. GUILLEY FOR CONGRESS

ADDRESS (number and street) P.O. BOX 442

(Check if address is alternate)

FRESNO CA 93709-1042

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CAMPAIN@LISAGUILLEYFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.LISAGUILLEYFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have executed this statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Issuer

NAL WILLIAM SALDANA

Signature of Issuer

DATE 09 11 2003

NOTE: SUBMISSION OF THIS STATEMENT OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON SIGNING THIS REPORT TO THE PENALTIES OF FEDERAL LAW. ANY CHANGES TO INFORMATION MUST BE REPORTED WITHIN 30 DAYS.

Other  
Use  
Only

For further information contact  
Federal Election Commission  
700 P St NE  
Washington DC 20542  
Local 202-418-1100

FEC FORM 1  
(Revised 02/2003)

2003-09-10 12:11 FAX 012 498 8019

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 LISA QUIGLEY

Candidate Party Affiliation: DEMOCRAT      Office Sought:  HOUSE       Senate       President

State: CA      Congress: 20

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a (national, state or subordinate) committee of the (Democratic, Republican, 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 fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailbox Address

CITY

STATE

ZIP CODE

Relationship

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 02/2003)

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Write or Type Committee Name

LISA QUIGLEY FOR CONGRESS

A. Custodian or Recorder: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name GABRIEL CAMARILLO

Mailing Address P.O. BOX 442  
FRESNO CA 93703-1042

Title or Position ASSISTANT TREASURER Telephone number 559-940-0038

B. 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 of Treasurer VAL WILLIAM SALDANA

Mailing Address LINCOLN, RICHIE RT, AND PATRICIA  
5200 N. PALM AVENUE, 4TH FLOOR  
FRESNO CA 93704

Title or Position TREASURER Telephone number 559-228-6700

Full Name of Designated Agent GABRIEL CAMARILLO

Mailing Address P.O. BOX 442  
FRESNO CA 93703-1042

Title or Position ASSISTANT TREASURER Telephone number 559-940-0038



Federal Election Commission

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