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2004 FEB 19 A 10:09

February 18, 2004

TO: Federal Election Commission
999 E. Street, NW
Washington, DC 20463

FROM: Janis Crum

Please endorse this transmittal memorandum as acknowledgment of receipt of the enclosed report (original and one copy) and return it in the stamped envelope provided, and please call me with any questions about the report.

Name of Filer: TruthandHope.org
Type of Report: FEC Form 1
Reporting Period: N/A
Report filed via: Overnight Delivery
Copy filed with: N/A

#1096.01

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OPERATIONS CENTER
2008 FEB 19 AM 11:09

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing type over the line. 1284465

IDENTIFICATION: ORG

ADDRESS (number and street)

1700 GOLDENVIEW AVENUE

(Check if address is changed)

ATVERBUE

CA

92305

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

IDENTIFICATION: ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

IDENTIFICATION: ORG

COMMITTEE'S FAX NUMBER

909 922 0507

2. DATE 02 17 2008

3. FEC IDENTIFICATION NUMBER C

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

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

Type or Print Name of Treasurer JACQUEE BERNARDI

Signature of Treasurer

Date 02 17 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5317g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 10/2003)

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 _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (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 subcommittee) 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

Maining Address

CITY ←

STATE ←

ZIP CODE ←

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

ORCA/RA03-DCPR-003

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

Full Name MARTA ORLEN

Mailing Address 721 GARDNER STREET, 4TH FLOOR

SAN FRANCISCO CA 94111

Title or Position CITY STATE ZIP CODE

Telephone number

8. 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 RICHARD MULLER

Mailing Address 1074 GOLDENSLIP AVENUE

REVERSHIDE CA 92504

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Telephone number

9 **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
(Name of Bank, Depository, etc.)

CITIZENS BANK

Mailing Address

3615 CHESTNUT AVENUE

WINDSOR CO.

CO

92516

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fedex</i>	Shipping Date <i>2-18-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>See</i>	<i>2-19-04</i>
PREPARER	DATE PREPARED