RECEIVED FEC MAIL CENTER

2010 JAN 1 1 AM 10: 10

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	The st. as you will be stated to the state of the state o
L	John Davidson for Co	ngress			ليستني
AD	DRESS (number and street)	1710 N Moorpark Roa	ad, Suite 18	11111	
	(Check if address is changed)	Thousand Oaks		ÇA L	91360 -
			CITY	STATE	ZIP CODE 🛦
	MMITTEE'S E-MAIL ADDRI (Check if address is changed)	ESS (Please provide only one treasurerlawler@sbc			لحبيب
СО	MMITTEE'S WEB PAGE AL	ODRESS (URL)		talik Sakon Tarangan Sakon	
	(Check if address is changed)				لتتبيينا
•	and the second to				
2.	DATE M M / D	0 5 Y 2 0 1 0 Y			
3.	FEC IDENTIFICATION NU	JMBER	Commission of the second		
4.	IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
	rtify that I have examined this St	atement and to the best of my know	ledge and belief it is true, correct a	nd complete	
•	nature of Treasurer		Killy Gain	Mate 87	' <u>გ</u> 울 ' <u>물장기</u> 정
NO	TE: Submission of false, erroneo	ous, or incomplete information may s	subject the person signing this State	A STATE OF THE STA	
	Office Use Only	:	For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100-	ission	FEC FORM 1 (Revised 02/2009)

or -

5.	TYPE OF CO	DMMITTEE (Check One)						
	Candidate C	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 the candidate information below.)						
	Name of Candidate	John Davidson						
	Candidate Party Affiliat	on REP Office Sought: X House Senate President District 23						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Comn							
	(d)	(National, State (Democratic, Republican, etc.) Party.						
	Political Ac	tion Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
	Buseralif	Corporation Corporation w/o Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		Formal Consult						
	(f)	In addition, this committee is a Lobbyist/Registrant PAC. 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 Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundra	sising 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 C						
		3 FEC ID number C						
		4. FEC ID number C						

02/2009)		Page3
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Prganization, Affiliated Committee, Joint Fundrai	ising Representative, or Lea	dership PAC Sponsor
		<u>: </u>
<u> </u>	<u> </u>	<u> </u>
		<u> </u>
L	<u> </u>	<u> </u>
CITY▲	STATE	ZIP CODE
Affiliated Committee Joint Fun	ndraising Representative	Leadership PAC Sponsor
PO Box 984		
Willows	CA	95988
CITY A	STATE ▲	ZIP CODE A
<u>r</u> те	elephone number530	- <u>934</u> - <u>5823</u>
y designated agent (e.g., assistant treasurer).		ee; and the
PO Box 984		
Willows	CA	95988
Willows CITY A	CASTATEA	95988
	Drganization, Affiliated Committee, Joint Fundral CITY CITY Affiliated Committee Joint Fundral Joint Fundral CITY De books and records. Lawler PO Box 984 Willows CITY CITY To and address (phone number optional) of the py designated agent (e.g., assistant treasurer). Lawler	Drganization, Affiliated Committee, Joint Fundraising Representative, or Learning Repr

FEC Form 1	(Revised 02/20	09)		Page 4			
Full Name of Designated Agent		· 					
Mailing Address	s						
Title or Position ∀		CITY	STATE A	ZIP CODE A			
		Te	lephone number				
safety deposit bo	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. Wells Fargo						
Mailing Address				1			
	<u> </u>	<u> </u>					
	<u>_ !</u>	Paradise	ÇA !	95969] – ; j			
		CITY 4	STATE △	ZIP CODE 🛕			
Name of Bank, D	epository, etc.	-					
		<u> </u>	: !	<u> </u>			
Mailing Address	! i. <u>_</u>						
	<u>:</u>						
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		CITY 🗖	STATE ⊿	ZIP CODE 🛕			

(3/2005)

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. **Date of Receipt Hand Delivered** Postmarked, **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): ----Next-Business-Day-Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED