

RECEIVED
FEC MAIL
OPERATIONS CENTER
2006 JAN 30 A 8:33

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FALZETT FOR CONGRESS

ADDRESS (number and street)

1215 PLUMAS STREET SUITE 1502

(Check if address
is changed)

YUBA CITY

CA

95991

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BILL@FALZETT.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FALZETT.ORG

COMMITTEE'S FAX NUMBER

530-790-0287

2. DATE

01

11

2006

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

RUDOLF RATKOVSKY

Signature of Treasurer

Date

01

19

2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 02/2003)

26038961536

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 BILL FALZETT

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

CA

District

02

- (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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26038961537

Write or Type Committee Name

FALZETT FOR CONGRESS

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 RUDY RATKOVSKY

Mailing Address ~~PO BOX~~

1215 PLUMAS ST #1502

YUBA CITY CA 95991

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 539-790-0506

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 RUDY RATKOVSKY

Mailing Address P.O. BOX 542

YUBA CITY CA 95992

Title or Position CITY STATE ZIP CODE

ATTORNEY Telephone number 539-755-3965

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26038961538

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.

TRI COUNTIES BANK

Mailing Address

11441 COLUSA AVE

YUBA CITY CA 95993

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26038961539

