FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | | N | | | | | Off | ice use o | nnly | | | |
|---|------------------------|----------------------------|----------------|---|------------------------|---------------|------------|----------|------------|-----------|------------|----------|---------|----------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exam over t | ple: If typyii he lines | ng, type | | 12FE | 4M5 | 1 1 | 1 | | | | |
| , EL SEGUNDO | FIREFIGHTERS F | PAC | | 1 1 1 | 1 1 1 | 1 1 | ı | | 1 1 | 1 1 | 1 1 | | 1 | , l |
| | | | | | | _ | <u>-</u> - | | | | | | | |
| ADDRESS (number and | street) | OX 55 | | | | | | | | | | ш | | ш Ш |
| (Check if addr is changed) | | EGUNDO | | 111 | <u> </u> | | ÇA | | <u></u> | 902 | 245 _ | .l . | <u></u> | ш . I |
| | | | CITY▲ | | | S | TATE | • | | Z | | DE 📥 | | _ |
| COMMITTEE'S E-MA | | | | | | | | | | | | | | |
| nolly@durkee | andassociates.co | m | | | | ш | | Щ | | | | ш | | Ш |
| | | | ш | ш | | ш | | ш | | | | щ | | Щ |
| COMMITTEE'S WEB | PAGE ADDRESS (U | RL) | | | | | | | | | | | | |
| | | | | | | ш | | ш | | | | ш | | Ш |
| | <u> </u> | <u> </u> | | 111 | 111 | | | | 1 1 | 1 1 | 1 1 | <u> </u> | 1 | Ш |
| 2. DATE 0 6 | | | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | | (| C COO | 863903 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT X NEW | | | | DED (A) | | | | | | | | | |
| I certify that I have exam Type or Print Name of | | to the best of my know | vledge and | belief it is tr | ue, correct | t and c | omple | te | | | | | | |
| Signature of Treasurer | . Electronically Filed | d by Joseph Ine | ez_ | | | Da | ate | 0 | 6 / | 1 | 9 / | YYY | 2 0 0 | 8 |
| NOTE: Submission of fa | | plete information may | | | | | | | | of 2 U.S | S.C. S43 | 37g. | | |
| Office Use Only | | | | For further Federal Electron Toll Free 80 | tion Comm 0-424-953 | nission | | | | | FOI | | 1 | |

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|-----------------------------|--|---|
| 5. TYPE OF C | OMMITTEE (Check One) Committee: | |
| (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 tinformation below.) | he candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Comr | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (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 | d organization is a: |
| | Corporation Corporation w/o Capital Stock La | bor Organization |
| | Membership Organization Trade Association Co | ooperative |
| (f) X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | d fund or party |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundr | aising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| Con | nmittees Participating in Joint Fundraiser | |
| | 1. FEC ID number C | |
| | 2. FEC ID number | |
| | 3. FEC ID number | |
| | 4. FEC ID number | |
| | 5 FEC ID number C | |

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|---|---|---------------------------|----------------------------|
| Write or Type Committee Name | | | |
| EL SEGUNDO FIREFIG | HTERS PAC | | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, Leadership PAC S | ponsor or Joint Fundrais | ing Representative |
| None | | | |
| | | | |
| Mailing Address | None | | |
| | None None | | |
| | None None | | |
| | CITY▲ | STATE A | ZIP CODE ▲ |
| Relationship: | | | |
| X Connected Organization | Affiliated Committee Leadership P | AC Sponsor Joint | Fundraising Representative |
| 7. Custodian of Records: Id possession of Committee Full Name Mailing Address | | onal), and position of th | e person in |
| | Rancho Palos Verde | CA | 90245 |
| Title or Position ▼ Treasurer | CITY A Telep | STATE A hone number 310 | ZIP CODE 1 - 524 - 2734 |
| | and address (phone number optional) of the to y designated agent (e.g., assistant treasurer). | treasurer of the commi | ttee; and the |
| Full Name of Treasurer | h Inez | | |
| Mailing Address | P.O. Box 55 | | |
| | Rancho Palos Verde | CA | 90245 |
| Title or Position ♥ | CITY A | STATE ▲ | ZIP CODE A |
| Treasure | r Teler | phone number | _ 524 _ 2734 |

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|--|------------------------|---------------------------------------|--------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| Title or Position ♥ | CITY A | STATE A | ZIP CODE A |
| | | Telephone number | |
| 9. Banks or Other D esafety deposit boxe Name of Bank, Dep | es or maintains funds. | ch the committee deposits funds, hold | ds accounts, rents |
| Mailing Address | 835 N. Sepulveda Blvd. | | |
| | | | |
| | | | |
| | El Segundo | CA CA | 90245 _ |
| | El Segundo CITY 🛆 | CA STATE △ | 90245 ZIP CODE |
| Name of Bank, Dep | CITY 🗖 | | |
| | CITY 🗖 | | |
| | CITY 🗖 | STATE 4 | ZIP CODE _ |
| Name of Bank, Dep | CITY \triangle | STATE 4 | ZIP CODE _ |
| Name of Bank, Dep | CITY \triangle | STATE 4 | ZIP CODE _ |