FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction					
		`				Office use only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typying over the lines	g, type	2FE4M5		
Mike Lumpki	n For Congres	\$ 					
					1111	1111	
ADDRESS (number and	d street)	531 Grand Avenue	<u> </u>	1111		1111	
(Check if add		ujte _l D	<u> </u>				
is changed)		an Marcos		LLL L	ÇA	92078	
COMMITTEE'S E-MA	AU ADDRESS		CITY▲	ST	ATE 	ZIP COE)E ▲
	inForCongress	.com					1
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COMMITTEE'S WEE		, ,					
www.Lumpk	inForCongress	.com 					لحجي
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COMMITTEE'S FAX	NUMBER						
با لبنا	ىيا لى						
2. DATE M	M / D D /	2008					
3. FEC IDENTIFIC	ATION NUMBER		C C00439109				
4. IS THIS STATE	MENT 1	NEW (N) OR	X AMEND	DED (A)			
I certify that I have exar	nined this Statement	and to the best of my kno	wledge and belief it is tru	ie, correct and co	mplete		
Type or Print Name o	f Treasurer	Xavier Martinez					
Signature of Treasure	er Electronically	Filed by Xavier Ma	rtinez	Date	e 12	/ D D /	2008
NOTE: Submission of f		ncomplete information may		-			37g.
Office Use Only					act:	FEC FOI (Revised 12/	

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5.	TYPE OF C	OMMITTEE (Check One) Committee:							
	(a) X	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	Michael David Lumpkin							
	Candidate Party Affiliat	ion DEM Office X House Senate President	State CA District 52						
	(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 Action Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:							
		Corporation Corporation w/o Capital Stock La	abor Organization						
		Membership Organization Trade Association C	ooperative						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate 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						
	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							
		FEC ID number C	0 0 0						

ngress rganization, Affiliated Committee, Leadership PAC	Sponsor or Joint Fundrais	ing Representative				
	Sponsor or Joint Fundrais	ing Representative				
rganization, Affiliated Committee, Leadership PAC	Sponsor or Joint Fundrais	ing Representative				
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	GA	00000 _ [
CITY▲	STATE A	ZIP CODE				
Affiliated Committee Leadership	PAC Sponsor Joint	t Fundraising Representative				
e books and records.	tional), and position of th	ne person in				
Full Name Xavier Martinez						
1531 Grand Avenue						
Suite D						
San Marcos	CA	92078				
CITY A	STATE▲ ephone number	ZIP CODE A - <u>504</u> - <u>0233</u>				
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 Xavier Martinez						
1531 Grand Avenue						
Suite D						
San Marcos	CA	92078				
San Marcos	CASTATE	92078 – ZIP CODE A				
	Affiliated Committee Leadership dentify by name, address, (phone number op e books and records. r Martinez 1531 Grand Avenue Suite D San Marcos CITY A r Tele e and address (phone number optional) of the ny designated agent (e.g., assistant treasurer). r Martinez 1531 Grand Avenue	CITY A STATE A dentify by name, address, (phone number optional), and position of the books and records. r Martinez 1531 Grand Avenue Suite D San Marcos CA CITY A STATE A Telephone number 760 e and address (phone number optional) of the treasurer of the committy designated agent (e.g., assistant treasurer).				

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	Full Name of Designated Agent	_						
	Mailing Address	_						
	Title or Position ▼	-	CITY A	STATE A	ZIP CODE A			
			Telep	phone number –				
9.	safety deposit boxe	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Jame of Bank, Depository, etc.						
	Mailing Address	Downe	y Savings And Loan Assoc FA 306 S Twin Oaks Valley Road					
	Walling / Idai ees							
			San Marcos	ÇA L	92078 _ 4333			
			CITY 🙇	STATE 4	ZIP CODE 🛕			
	Name of Bank, Dep	Name of Bank, Depository, etc.						
	Mailing Address							
			CITY 🙇	STATE △	ZIP CODE 🛕			