FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	HON				
		(See instructions)			Office use only	
1. NAME OF COMMITTEE (iii		(Check if name is changed)	Example: If typ over the lines	ying, type	12FE4M5		
Robert Hami	ton For Congress						
ADDRESS (number and	d street) 1531	Grand Avenue			1111		
(Check if add	Suite	D		<u> </u>	1111	11111	
is changed)		larcos		ш	CA	92078	<u> </u>
COMMITTEE'S E-MA	AIL ADDRESS	C	CITY ▲		STATE▲	ZIP	CODE 📥
	111111	1 1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1	1111	
COMMITTEE'S WEE	B PAGE ADDRESS (UI	RL)					
 							1
COMMITTEE'S FAX 7605040236 2. DATE M 1.	M / D D / Y) 2008					
3. FEC IDENTIFIC	ATION NUMBER	С	C00440891				
4. IS THIS STATE	MENT X NEW	(N) OR	AME	NDED (A)			
I certify that I have exar	nined this Statement and	to the best of my knowl	edge and belief it is	true, correct and	d complete		
Type or Print Name of	f Treasurer X	avier Martinez					
Signature of Treasure	er Electronically Filec	l by Xavier Mart	inez		Date 12	M / D D 2	2008
NOTE: Submission of t	alse, erroneous, or incom	plete information may s					S437g.
Office Use Only			Federal El Toll Free 8	er information c ection Commissi 300-424-9530 -694-1100			FORM 1 d 12/2007)

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5.	TYPE OF CO	OMMITTEE (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	Robert Hamilton							
	Candidate Party Affiliati	on DEM Office X House Senate President	State CA dent District 49						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate								
	Party Comn		-						
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Political Act	tion Committee (PAC):							
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:						
		Corporation Corporation w/o Capital Stock	Labor Organization						
		Membership Organization Trade Association	Cooperative						
	(f)	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 Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fundra	aising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candidate							
	(h)	(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							
		3. FEC ID number							
		4 FEC ID number C							
		FEC ID number C	0 0 0 0						

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W	rite or Type Committee Name						
	Robert Hamilton For Co	ingress					
6.	Name of Any Connected Org	ganization, Affiliated Committee, Leadership	PAC Sponsor or Joint Fundra	sising Representative			
	NONE						
	Mailing Address						
		<u> </u>					
		<u> </u>	ÇA				
		CITY	STATE ▲	ZIP CODE			
	Relationship:						
	Connected Organization	Affiliated Committee Lead	ership PAC Sponsor Jo	int Fundraising Representative			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
	Xavier Martinez Full Name						
	Mailing Address	1531 Grand Avenue					
		Suite D					
		San Marcos	CA	92078			
	Title or Position ▼	CITY A	STATE	ZIP CODE A			
	Treasurer		Telephone number 760				
8.	name and address of any	and address (phone number optional) designated agent (e.g., assistant treasu		nittee; and the			
	of Treasurer Xavier						
	Mailing Address	1531 Grand Avenue Suite D					
		San Marcos	CA	92078 _			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A			
	Treasurer		760	_ 504 _ 0233			
			Telephone number	· -			

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Full Name of Designated Agent							
Mailing Add	ress _						
Title or Position	. ∀	CITY A	STATE A	ZIP CODE A			
		Tel	ephone number				
9. Banks or Oth safety deposit Name of Bank	committee deposits funds, holds	accounts, rents					
Mailing Addre		Bank Of California 303 W Grand Avenue					
		Escondido	, , ÇA ,	, 92025 _ 2605 ,			
		CITY 🗖	STATE △	ZIP CODE A			
Name of Bank	Name of Bank, Depository, etc.						
Mailing Addre	SS						
		CITY 🗖	STATE ∡	ZIP CODE 🛕			