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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

JENI CRISCIENZO FOR CONGRESS

ADDRESS (number and street) 783 CALLE DE SOTO

(Check if address is changed)

SAN MARCOS CA 92078

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MARTX@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

760-752-1619

2. DATE 07 01 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 XAVIER MARTINEZ

Signature of Treasurer  Date 07 01 2005

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)

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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 _____

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 49

- (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

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Write or Type Committee Name

JEENI CRISGENZO 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 XAVIER MARTINEZ

Mailing Address 783 CALLE DE SOTO
SAN DIEGO CA 92078

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 619-233-5018

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 XAVIER MARTINEZ

Mailing Address 783 CALLE DE SOTO
SAN MARCOS CA 92078

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 619-233-5018

Full Name of Designated Agent JEENI CRISGENZO

Mailing Address 519 SOUTH DITMAR STREET
OCEANSIDE CA 92054

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 760-525-1915

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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.

UNION BANK OF CALIFORNIA

Mailing Address 825 ESCONDIDO AVE

VISTA CA 92084

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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