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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.

12 FEB 05

Progressives and Independents

ADDRESS (number and street)

PO Box 741997

(Check if address
is changed)

Los Angeles

CA

90024

CITY *

STATE *

ZIP CODE *

COMMITTEE'S E-MAIL ADDRESS

PAITDB.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.PAITDB.ORG

COMMITTEE'S FAX NUMBER

2. DATE 12 19 2004

3. FEC IDENTIFICATION NUMBER ▶

C 00405134

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Geoffrey Ray (new)

Signature of Treasurer

Geoffrey Ray

Date 12 19 2004

NOTE: Submission of false, inaccurate, 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
Tel Free 877-424-9696
Local 202-694-1100

FEC FORM 1
Revised 02/2003

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	Office Sought:	House	Senate	President	State District
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- (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

None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation with Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Name or Type Committee Name

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 Geoffrey Ray

Mailing Address PO Box 741997

LA CA 90004

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone Number 213-385-3730

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 Geoffrey Ray

Mailing Address PO Box 741997

LA CA 90004

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone Number 213-385-3730

Full Name of Designated Agent Kate Kinkade

Mailing Address PO Box 741997

LA CA 90004

Title or Position CITY STATE ZIP CODE

Asst Treasurer

Telephone Number 818-444-1312

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:

Wells Fargo Bank

Mailing Address

P.O. BOX 10895

Portland

OR

97228-1895

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

100 No La Brea

L.A.

CA

90048

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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