

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

002 JAN -2 P 12:17

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CHAVEZ FOR CONGRESS

ADDRESS (number and street) 1800 N. BROADWAY STE 200

(Check if address is changed) SANTA ANA CA 92706

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@CHAVEZ2002.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CHAVEZ2002.COM

2. DATE 10 29 2001

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 ANTON VISSER

Signature of Treasurer [Signature] Date 10 26 2001

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.

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 JEFF CHAVEZ

Candidate Party Affiliation GOP Office Sought: House Senate President State CA District 47

- (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 with Capital Stock

Labour Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

CHAVEZ 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 ANTON VISSER

Mailing Address 11 PALMA VALLEY

COTO DE CAZA CA 92679

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 949-337-6250

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).

- SAME AS ABOVE -

Full Name of Treasurer

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

g. **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.

SOUTH COUNTY BANK

Mailing Address

22342 AVENIDA EMPRESSA

RANCHO SANTA MARG. CA 92688-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

