

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

ADDRESS (Number and street) (Check if address is changed)
 555 Capitol Mall, Suite 1425
 Sacramento CA 95814
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 dennis@denniscardoza.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 denniscardoza.com

COMMITTEE'S FAX NUMBER
 916-447-0383

2. DATE 12 / 04 / 2003

3. FEC IDENTIFICATION NUMBER C C00369850

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 Gregory Ray Olzack

Signature of Treasurer Electronically Filed by Gregory Ray Olzack Date 12 / 10 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 Dennis Cardoza

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	CA
						District	18

- (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 |

Write or Type Committee Name

Cardoza 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 Lance H. Olson

Mailing Address 555 Capitol Mall, Suite 1425

Sacramento CA 95814 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Attorney Telephone number 916 - 442 - 2952

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 Gregory Ray Olzack

Mailing Address 2402 Bonjour Court

Atwater CA 95301 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 209 - 358 - 9568

Full Name of Designated Agent Dennis Cardoza

Mailing Address 555 Capitol Mall, Suite 1425

Sacramento CA 95814 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 916 - 442 - 2952

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.

US Bank

Mailing Address

980 9th Street

Sacramento

CA

95814

CITY Δ

STATE Δ

ZIP CODE Δ