

**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

VOTER REGISTRATION 2008 - FEDERAL

ADDRESS (number and street)

5429 Madison Avenue

(Check if address
is changed)

Sacramento

CA

95841

CITY STATE ZIP CODE 

COMMITTEE'S E-MAIL ADDRESS

campaigns@rcbs.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
91634891112. DATE

M	M
0	1

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	7

3. FEC IDENTIFICATION NUMBER

C C00364216

4. IS THIS STATEMENT 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

Rita Copeland

Signature of Treasurer

Electronically Filed by Rita Copeland

Date

M	M
0	3

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	0	7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
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

(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 **None**

Type of Connected Organization:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

Write or Type Committee Name

VOTER REGISTRATION 2008 - FEDERAL

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

Rita Copeland

Mailing Address

5429 Madison Avenue**Sacramento****CA****95841**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Custodian of Records**

Telephone number

916**348****9100**

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**Rita Copeland**

Mailing Address

5429 Madison Avenue**Sacramento****CA****95841**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Treasurer**

Telephone number

916**348****9100**Full Name of
Designated
Agent**None**

Mailing Address

CITY ▲**STATE▲****ZIP CODE ▲****None**

Telephone number

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.

North Valley Bank

Mailing Address

378 N Sunrise Blvd., Ste. 100

Roseville

CA

95661

CITY 

STATE 

ZIP CODE 