2009 OCT 26 PM 12: 49

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FEC FORM 1		STATI ORGA					Office Use Only					
1. NAME OF COMMITTEE (ir	n full)	(Check if		Example over the	e:If typing, type	e 12FE	4M5	y 7				
RESCUE CALIFORN	IA LEADER	SHIP COMMITTEE	1 1 1	1111	1 1 1 1 . 1 1	_1	1 1 1 1	<u> </u>				
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ADDRESS (number a	nd street)	1800 THIBODO	ROAD, #3	320A								
(Check if address is changed)		VISTA				CA	92081	<u> </u>	 			
			,	CITY		STATE		ZIP CODE				
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide	only one e	-mail addres	s)							
(Check if	address		111									
is change									لب			
COMMITTEE'S WEB	PAGE AD	DRESS (URL)										
(Check if is change			<u> </u>					11111				
2. DATE 10	. м., / ГБ ОЗ	D , 1 Y . Y . Y . Y . 3 2009	¥ ¹ ¹ .									
3. FEC IDENTIFIC	CATION N	UMBER	C co	0401810								
4. IS THIS STATE	MENT ', -	NEW (N)	OR	x	AMENDED (A)						
I certify that I have	examined to	his Statement and t	to the best	t of my know	vledge and be	elief it is true, c	orrect and col	mplete.				
Type or Print Name	of Treasure	Betty Pres	Lev	<i>\</i>				•				
Signature of Treasur	er A	Setty	thes	llez		Date	м / р 10	03 200				
NOTE: Submission of	false, erron	eous, or incomplete in II				-	•	alties of 2 U.S.C	c. §437g.			
Office Use Only				Fed Toll	further informa leral Election Cor Free 800-424-95 al 202-694-1100	mmission		C FORM evised 02/2009)				

5.

	EC FO	rm i (Revisea 02/2009)	Page Z
		OMMITTEE	<u></u>
Can		e Committee:	
(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. (Con information below.)	nplete the candidate
Name Cand			
Candi Party	idate Affiliati	Office Sought: House Senate President	State District
(c)	1	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)	1 1	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)	x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	: 1	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Func	Iraising Representative:	··································
(g)	; «; ; -;;	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	orani kun yangiri pangal orani kun urbasa sabad
	2.	FEC ID number C	ಗ್ರವರ್ಷ-ಬ್ರಹ್ಮಾಕ ಪ್ರವರ್ಥ-ಬ ಕ್ಷ್ಮಾನ್-ಬ್ರಹ್ಮಾಕ ಪ್ರವರ್ಥ-ಬ
	3.	FEC ID number C	Tight Tretti e kije stj. kriji kriji kriji Boli stj. Alektroni i samilarija
	4.	FEC ID number C	

	FEC Form	1 (Revised 0	2/2009)									ı	Page 3	
v	Vrite or Type Com													
RE	SCUE CALIFORNI	A LEADERSH	IP COMMITTE	E										
6.	Name of Any C	Connected O	rganization, A	Affiliated Co	ommittee,	Joint F	undrai	ising Re	presenta	ntive, o	r Leader	ship P	AC Spo	nsor
[No	dne	1111				11	11			11.		11.	<u> </u>	
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				C	ITY				STAT	ΓE		ZIP (CODE	
	Relationship:	Connected	Organization	Affiliated	d Committe	ee []	Joint F	undraisi	ng Repre	sentativ	e 🆺L	eadersh	nip PAC	Sponsor
7.	Custodian of R		tify by name, a	address (ph	one numb	er o	otional)	and po	sition of t	the pen	son in po	ossessi	on of c	ommittee
	Full Name	JUSTIN L	EÉ <u> </u>					ــــــــــــــــــــــــــــــــــــــ	1_1_1		<u> </u>		1 1.1	
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			VISTA		1 11		<u> </u>	لب	CA	ز	92081	ւ 	ــا-لــ	
	Title or Position			C	ITY				· STATE	Ē		ZIP (CODE	
	Custodian of	Records	1 1 1 1 1		لـــا		Tele	phone n	umber	ـــا	⊥-L		ــا-لــ	
8.	Treasurer: List t any designated				optiona	l) of the	e treas	urer of t	the comm	nittee; a	nd the n	ame ar	nd addr	ess of
	Full Name of Treasurer	Betty Pr	esley	<u></u>	1 1 1		<u></u>		<u> </u>	1.1.	<u>. L L L</u>	<u> </u>	<u> </u>	1. 1
	Mailing Address		30151 Toma	as	1.1.1		<u> </u>					1_1	لبلا	
				<u> </u>			1_1_						1L_1	
			RachoStaMa	argarita		LL			CA.		92688	11	ـــــــــــــــــــــــــــــــــــــ	
	TM D - 111			C	ITY				STATE	E	_	ZIP C	ODE	
	Title or Position Treasurer		<u> </u>		لــــا		Tele	phone n	umber	949	⊥ -	858 _	<u> </u> -L1	448

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 2/2009)

None

Full Name of Designated

Mailing Address

Agent

(3/2005)

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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fe 1 6x 10/22/09 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED