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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.

12FE4M5

PEOPLE'S ADVOCATE INC
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3407 ARDEN WAY

(Check if address
is changed)

SACRAMENTO CA 95825-2018

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sandee@peoplesadvocate.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

916-482-2045

2. DATE

11 21 2006

3. FEC IDENTIFICATION NUMBER ▶

C00281964

4. IS THIS STATEMENT

NEW (N)

OR

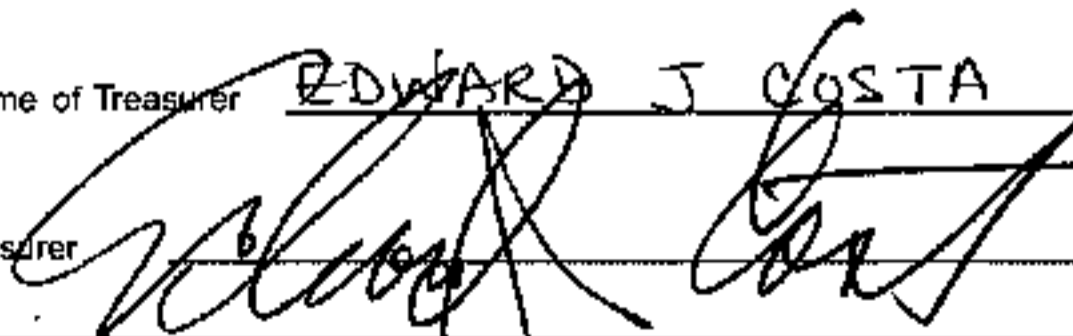
AMENDED (A)

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

EDWARD J COSTA

Signature of Treasurer



Date

11 21 2006

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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

PEOPLE'S ADVOCATE, INC _____

Mailing Address 3407 ARDEN WAY _____

SACRAMENTO CA 95825-1208

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship SPONSORING ORGANIZATION _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

PEOPLE'S ADVOCATE INC

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 EDWARD J COSTA

Mailing Address PEOPLE'S ADVOCATE INC
3407 ARDEN WAY
SACRAMENTO CA 95825-2018

Title or Position CITY STATE ZIP CODE

EXECUTIVE DIRECTOR Telephone number 916-482-6175

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 EDWARD J COSTA

Mailing Address PEOPLE'S ADVOCATE INC
3407 ARDEN WAY
SACRAMENTO CA 95825-2018

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 916-482-6175

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

BANK OF THE WEST

Mailing Address

COUNTRY CLUB OFFICE

3509 EL CAMINO AVENUE

SACRAMENTO CA 95821-6530

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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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USPS First Class Mail Postmarked
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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 11/27/06
PREPARER **DATE PREPARED**

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