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FEC

Only

STATEMENT OF

ORGANIZATION FORM 1 (See instructions) Office use only NAME OF (Check if name Example: If typying, type 12FE4M5 COMMITTEE (in full) over the lines is changed) Pombo for Congress 504 Van Ness Ave ADDRESS (number and street) (Check if address is changed) CITY **STATE** ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) pomboforcongress@directfile.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) pomboforcongress.com (Check if address is changed) 2. DATE **FEC IDENTIFICATION NUMBER** C IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Richard W. Pombo Type or Print Name of Treasurer Richard W. Pombo Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Use Federal Election Commission

Toll Free 800-424-9530 Local 202-694-1100

(Revised 02/2009)

| FEC | Form 1 (Revised 02/2009) | Page 2 | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|
| | COMMITTEE (Check One) Committee: | | | | | | | |
| (a) X | 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. (Comp information below.) | lete the candidate | | | | | | |
| Name of Candidate | Richard W. Pombo | <u> </u> | | | | | | |
| Candidate Party Affilia | Office Ition REP Sought: X House Senate President | State CA District 19 | | | | | | |
| (c) <u> </u> | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | |
| Name of Candidate | | | | | | | | |
| Party Com | 1 F 1 Y M 14 14 14 14 14 14 14 14 14 14 14 14 14 | | | | | | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | | | | |
| Political A | ction Committee (PAC): | | | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee) | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | | |
| Joint Fund | alsing Representative: | | | | | | | |
| (g) . į | 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. | • | | | | | | |
| (h) [| This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political | | | | | | |
| Co | nmittees Participating in Joint Fundraiser | and the second s | | | | | | |
| | 1. FEC ID number C | orania and an anti- | | | | | | |
| | 2. FEC ID number C | ente dipotentique est principal para la compensation de la compensation de la compensation de la compensation | | | | | | |
| | 3. FEC ID number C | and and generating and the september of the property of the second section of the | | | | | | |
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| FEC Form 1 (Revised | 02/2009) | • | Page3 |
|-------------------------------|--|-----------------------------------|-------------------------|
| Write or Type Committee Name | 9 | | |
| Pombo for Congress | | | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fu | indralsing Representative, or Lea | edership PAC Sponsor |
| | | ; | 1111111 |
| | | <u> </u> | 1111111 |
| Mailing Address | | <u></u> | |
| | <u> </u> | <u>.!</u> | |
| | | ا ليا لينين | |
| | CITY▲ | STATE A | ZIP CODE |
| Relationship: | | | |
| Connected Organization | on | oint Fundraising Representative | Leadership PAC Sponsor |
| possession of Committe | dentify by name, address, (phone number e books and records. ard W. Pombo 504 Van Ness Ave. | er optional), and position of t | ne person in |
| | Fresno | CA | 93721 |
| Title or Position ♥ Candidat | CITY A | STATE ▲ Telephone number559 | ZIP CODE & - 266 - 3453 |
| | e and address (phone number – optiona ny designated agent (e.g., assistant treas | | ittee; and the |
| Full Name of Treasurer Richa | ard W. Pombo | | |
| Mailing Address | 504 Van Ness Ave. | | |
| | Fresno | CA | 93721 _ |
| Title or Position ♥ | CITY A | STATE & | ZIP CODE A |
| | | Telephone number559 | 3453 |

| Full Name of Designated Agent Mailing Address Title or Position V CITY A STATE A ZIP CODE A 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. Security First Bank Address Telephone number CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. CITY A STATE A ZIP CODE A Mailing Address Mailing Address CITY A STATE A ZIP CODE A | | FEC Form 1 | (Revised 02/2009) | | Page 4 |
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| Name of Bank, Depository, etc. Mailing Address Line Line Line Line Line Line Line Line | | | ! Fresno | . CA | 93726 |
| Mailing Address L. L | | | CITY 🛦 | STATE 4 | ZIP CODE 🛕 |
| | | Name of Bank, Dep | pository, etc. | | |
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| CITY A STATE ZIP CODE A | | | İ . ! - - - - - - - - - - | ـا نــا لـــ | لسليا - لنستبلي |
| | | | CITY 🗖 | STATE | ZIP CODE 🛕 |

(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 UPS Overnight Delivery Service (Specify): 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