FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED

FORM 1						20	+2 JAN 17 AM 11: 3	4
NAME OF COMMITTEE (in	full)	(Check if is change		Examp over th	le:If typing, type e lines.	12FE4N	EC MAIL CENTER	₹
Linda Park	s for C	ongress		<u> </u>	<u> </u>	 		
	<u> </u>	<u>                                     </u>	<u> </u>	<u> </u>	1 1 1 1 1	<u>. 1 l i i</u>	_	
ADDRESS (number a	nd street)	501-I So	uth R	leino l	Road			
(Check if a	ŕ	Suite 11	2	<u> </u>	<u> </u>	<u> </u>		
is changed)		Newbury	/ Park	<b>(</b> 		CA	91320	
				CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	AL ADDRES			_	_		•	
(Check if	address	LindaPa	rksFc	orCon	gress@gr	nail.cor	$p_{\perp \perp $	لــــا
is change	d)			<u> </u>	<u>i l l l l l</u>			لــــا
COMMITTEE'S WEB	PAGE ADD	RESS (URL)						
		SendLin	da.cc	pm	1 1 1 1 1		<u> </u>	
(Check if is change				<u> </u>				
2. DATE 01	14	2012	**************************************					
3. FEC IDENTIFIC	CATION NU	MBER	C					
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)			
I certify that I have o	examined thi	s Statement and	to the bes	t of my kno	owledge and belief	it is true, corr	ect and complete.	
Type or Print Name	of Treasurer	Mic Far	ris	<u> </u>				
Signature of Treasure	er	Mr-	//			Date 0	14 2012	2
NOTE: Submission of		-		-	t the person signing		to the penalties of 2 U.S.C. §	437g.
Office Use Only				Fe To	or further information deral Election Commis II Free 800-424-9530 cal 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
(a) X	Committee:  This committee is a principal campaign committee. (Complete the candidate information below	a)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor	
Name of	information below.)	•
Candidate	Linda Parks	<u> </u>
Candidate Party Affiliati	Office Sought: House Senate President	State CA District 26
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(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 co	onnected 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 s committee. (i.e., nonconnected committee)	segregated 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 Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	androne and a second
2.	FEC ID number. C	San Albandaria (S. 1997)
3.	FEC ID number: C.	
4.		

FEC Form 1 (Revis	ed 02/2009\	Page <b>3</b>
Write or Type Committee N		rage 3
Linda Parks fo		
	ed Organization, Affiliated Committee, Joint Fundraising Represen	stative or Leadership BAC Spencer
6. Name of Any Connects	ou organization, Anniated Committee, John Fundraising Represen	nauve, or Leadership PAC Sponsor
Mailing Address		
Ÿ		
		,
	CITY	ATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of	f the person in possession of committee
Full Name Mic	<b>Farris</b>	<u>:                                    </u>
Mailing Address	3217 Peppermint Street	
		<u> </u>
	Newbury Park	A 91320 -
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	805 - 558 - 8786
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the com g., assistant treasurer).	mittee; and the name and address of
Full Name of Treasurer	Farris	
Mailing Address	3217 Peppermint Street	
	Newbury Park CITY STATE	A 91320
Title or Position	,	
Treasurer	Telephone number	805   558   8786

		02/2009)			
Full Name of Designated Agent	Linda F	Parks		<u> </u>	
Mailing Address		2018 Glastonbury			
		<u> </u>			11111
		Weştlake Village		CA	91361
		CITY		STATE	ZIP CODE
Title or Position  Assistant T	reasurer	<u> </u>	Telephone nu	mber 80	5 - 1497 - 10450
Banks or Other safety deposit bo		s: List all banks or other depo ains funds.	sitories in which the commi	ttee deposits	funds, holds accounts, rents
Name of Bank, [	Depository, et				
Name of Bank, (		<b>k</b>			
	Depository, et		L., l. L.; L. L., L., L., L., L., L., L., L., L.,	1 1 1 1 1 1	
	Depository, et	k  2,170,Newbury Roa	1		
	Depository, et	<b>k</b>	ad,	[CA]	[91320 <sub>1</sub> ]-[
	Depository, et	k  2,170,Newbury Roa	ad,	CA STATE	191320
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Mailing Address  Name of Bank, I	Citiban	k  2,17,0,Newbury Roa    Newbury Park  City	ad	L	
Mailing Address	Citiban	k  2,17,0,Newbury Roa    Newbury Park  City	ad	L	
Name of Bank, I  Mailing Address  Name of Bank, I  Mailing Address	Citiban	k  2,17,0,Newbury Roa    Newbury Park  City	ad,	L	

(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): **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