

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
1999 OCT -6 P 1:51

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.5em; font-family: cursive;">Save Our Senate</div>	2. DATE <div style="font-size: 1.5em; font-family: cursive;">9-29-99</div>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">1014 11th St. # 157</div>	3. FEC Identification Number <div style="font-size: 1.2em; font-family: cursive;">C00347542</div>
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">SACRAMENTO, CA. 95814</div>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

SECRETARY OF THE SENATE
99 OCT -6 PM 2:05
H.D.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 <div style="font-size: 1.2em; font-family: cursive;">Bill Saracino</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">1014 11th St. # 157 Sac. 95814</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Director</div>
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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 <div style="font-size: 1.2em; font-family: cursive;">Bill Cardoza</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 214 Sac. CA. 95812</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div>
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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. <div style="font-size: 1.2em; font-family: cursive;">Wells Fargo Bank</div>	Mailing Address and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">400 Capitol Mall, Sacramento CA. 95814</div>
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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 <div style="font-size: 1.2em; font-family: cursive;">Bill Cardoza</div>	SIGNATURE OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Bill Cardoza</div>	DATE <div style="font-size: 1.2em; font-family: cursive;">9-30-99</div>
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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.

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