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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIV

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FEC MAIL CENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Committee to E	lect Brooke Clarl	(e		
ADDRESS (number and street)	3425 Deerwoo	d Dr.		
(Check if address is changed)	Ukiah,		CA	95482 7541
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDF	ESS (Please provide only one e-r	_		
(Check if address is changed)	tbrooke@pacif	ic.net		
COMMITTEE'S WEB PAGE A	DDBESS (UBL)			
(Check if address is changed)		partygovernment	com/Brool	ke4Congress.html
2. DATE 03" / 7	2012			
3. FEC IDENTIFICATION	NUMBER C	era (Maringa) este escendir e Lastropa (gartyar escope) escendir e		
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 a	and complete.
Type or Print Name of Treasu	Brooke J. Cla	rke		
Signature of Treasurer	Brook	Clarke	Date 03 th	07° / 2012 `
NOTE: Submission of false, erro	neous, or incomplete information n			he penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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			DMMITTEE					
		didate	Committee:					
(2	a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(1	b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Candi Party	date Affiliatio	n na Office Sought: House Senate President	State				
(6	c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
F	arty	/ Com	mittee:					
(4	d)	,		emocratic, publican, etc.) Party.				
F	Polit	ical Ac	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:				
			Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated fund or party				
			In addition, this committee is a Lebbyist/Rogistrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
J	oint	Fund	raising Representative:					
(9	3)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h	1)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
		Comr	nittees Participating in Joint Fundraiser					
		1.	FEC ID number					
		2.	FEC ID number					
		3.	FEC ID number					
		4.		.,				
			to the state of th					

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Write or Type Committee Name								
Committee to Elect Brooke Clarke								
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor								
		11111						
Mailing Address								
	CITY STATE 2	ZIP CODE						
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor						
 Custodian of Records: Identi books and records. 	ify by name, address (phone number optional) and position of the person in poss	ession of committee						
Full Name Brooks	J. Clarke							
Mailing Address	3425 Deerwood dr.							
	Ukiah CA 95482	2 7541						
Title or Position	CITY STATE 2	ZIP CODE						
self	Telephone number 707 – 46	8,[8783 ,]						
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nan ssistant treasurer).	ne and address of						
Full Name Brooke	e J. Clarke							
Mailing Address	3425 Deerwood Dr.							
	Ukiah CITY STATE 2	2 7541 P CODE						
Title or Position		8 _{.] - [8783 ,]}						

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Full Name of Designated Agent	
Mailing Address	
CITY STATE	ZIP CODE
Title or Position Telephone number	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, hol safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	ds accounts, rents
[Umpqua, , , , , , , , , , , , , , , , , , ,	
Mailing Address [607 \$. State \$t.,	
[Ukiah CA	32
CITY STATE	ZIP CODE
Name of Bank, Depository, etc.	
1	1
Mailing Address	
CITY STATE	ZIP CODE

(3/2005)

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