

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COPASS FOR CONGRESS

ADDRESS (number and street)

C/O MAXFIELD



(Check if address
is changed)

1207 ROSEBAY DR

ENCINITAS

CA

92024

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

brettmaxfield2007@yahoo.com

CopassForCongress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://COPASSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

-

2. DATE

12

18

2007

3. FEC IDENTIFICATION NUMBER ►

C00442830

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

BRETT MAXFIELD

Signature of Treasurer

Brett Maxfield

Date

01

16

2008

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)

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

MIKE COPASS

Candidate Party Affiliation

DEM

Office Sought:



House



Senate

President

State

CA

District

53

- (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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Write or Type Committee Name

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 BRETT MAXFIELD
Mailing Address 207 ROSEBAY DR
ENCINITAS CA 92024
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 760-579-9839

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 BRETT MAXFIELD
Mailing Address 207 ROSEBAY DR
ENCINITAS CA 92024
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 760-579-9839

Full Name of Designated Agent
Mailing Address
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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.

Mailing Address

Washington Mutual

101 West Broadway

San Diego

CA

92101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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PREPARER
(3/2005)

1/31/08
DATE PREPARED

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