

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL
OPERATIONS CENTER

2003 NOV -3 A 10 52

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

California Nevada Proponent

ADDRESS (number and street) 330 Encinitas Blvd., Suite 101

(Check if address is changed) Encinitas CA 92024

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

11acobeathinkop.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 30 2003

3. FEC IDENTIFICATION NUMBER C 00011347

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) 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 Carl Jacobs - Assistant Treasurer

Signature of Treasurer *Carl Jacobs* Date 10 30 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (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 with Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

California Avocado Producers

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

P. LAURENCE BOGOT, Sr.

Mailing Address

330 Encinitas Blvd., Suite 101

Encinitas

CA

92024

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

760

638

3606

Full Name of Designated Agent

LORI JACOBS

Mailing Address

330 Encinitas Blvd., #111

Encinitas

CA

92024

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

760

638

3606

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

_____ - _____

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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<i>John D</i> PREPARER		<i>11-3-03</i> DATE PREPARED