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FEC MAIL ROOM

FEC2
FORM 1

JUN 18 2002

STATEMENT OF ORGANIZATION

JUN 17 2002

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4MS

DEMOCRATS FOR MARIA GARCIA

ADDRESS (number and street)

1069 Heber Avenue

(Check if address is changed)

Calxico.

CA

92231

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dems4garcia@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 12 2002

3. FEC IDENTIFICATION NUMBER ▶

C To be assigned

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 Daniel C. Ramirez

Signature of Treasurer

Date 06 12 2002

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 60 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
800 Free 800-424-9539
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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: Maria Guadalupe Garcia

Candidate Party Affiliation	Rep	Office Sought:	House	<input checked="" type="checkbox"/>	Senate	President	State	CA
							District	51

- (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.

B. 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 Daniel C Ramirez
 Mailing Address 1069 Heber Avenue
 Calexico CA 92231
 Title or Position Campaign Manager CITY STATE ZIP CODE
 Telephone number 760 357 3005

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 Daniel C Ramirez
 Mailing Address 1069 Heber Avenue
 Calexico CA 92231
 Title or Position Treasurer CITY STATE ZIP CODE
 Telephone number 760 357 3006

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, trade accounts, rents, safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First National Bank

Mailing Address

100 East Fourth Street

Calxico

CA

92231

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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