

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL
OPERATIONS CENTER
2006 SEP 28 A 7:56

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

PROGRESSIVE DEMOCRATS OF THE EAST BAY

ADDRESS (number and street)

PO BOX 6562

(Check if address
is changed)

ALBANY

CA

94706-6562

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pdeastbay@pdeastbay.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

pdeastbay.org

COMMITTEE'S FAX NUMBER

415-381-8796

2. DATE

09 19 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

Thomas J. Ellsworth

Signature of Treasurer

Thomas J. Ellsworth

Date

09 19 2006

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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

200609191673

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

NONE _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

20010101

Write or Type Committee Name

PROGRESSIVE DEMOCRATS OF THE EAST BAY

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 Thomas J. Ellsworth
 Mailing Address 319 LAUREL WAY
MILL VALLEY CA 94941
 Title or Position Treasurer CITY STATE ZIP CODE
 Telephone number 510-910-3609

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 Thomas J. Ellsworth
 Mailing Address 319 LAUREL WAY
MILL VALLEY CA 94941
 Title or Position Treasurer CITY STATE ZIP CODE
 Telephone number 510-910-3609

Full Name of Designated Agent SARA M. SHAWER
 Mailing Address 1670 Rains Ave
~~Berkeley~~
Berkeley CA 94702
 Title or Position Assistant Treasurer CITY STATE ZIP CODE
 Telephone number 510-536-9632

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.

WELLS FARGO

Mailing Address

1800 SOLANO AVENUE 1ST FLOOR

BERKELEY

CA

94707

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JL
 PREPARER
 (3/2005)

9/28/00
 DATE PREPARED

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