

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
Women's Voter Project

ADDRESS (Home or street) (Check if address is changed) 5429 Madison Avenue  
Sacramento CA 95841  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
rita@rivercitybusinessservices.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
9163489111

2. DATE 12 / 19 / 2003

3. FEC IDENTIFICATION NUMBER C C00394049

4. IS THIS STATEMENT NEW (N) OR X 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 Rita Copeland

Signature of Treasurer Electronically Filed by Rita Copeland Date 09 / 21 / 2004

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

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
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- (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 \_\_\_\_\_ None \_\_\_\_\_

\_\_\_\_\_

None \_\_\_\_\_ 00000 - \_\_\_\_\_

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

**Women's Voter Project**

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 **Rita Copeland**

Mailing Address **5429 Madison Avenue**

**Sacramento CA 95841**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer Telephone number 916 - 348 - 9100**

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 **Rita Copeland**

Mailing Address **5429 Madison Avenue**

**Sacramento CA 95841**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer Telephone number 916 - 348 - 9100**

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.

California Bank & Trust

Mailing Address

550 S. Hope Street

Los Angeles

CA

90071

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Calnet Business Bank

Mailing Address

1565 Exposition Blvd.

Sacramento

CA

95815

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

None

Mailing Address

None

None

00000

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_