

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 OCT -4 A 11:11

Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

DEMOCRATS OF GREATER IRVINE

ADDRESS (number and street)

201 WHITMAN CT

(Check if address
is changed)

IRVINE

CA

92617

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(949) 854-1613

2. DATE

09 01 2004

3. FEC IDENTIFICATION NUMBER

C331099239

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

SHIRLEY PALLEY

Signature of Treasurer

Shirley M. Palley

Date

09 24 2004

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 800-434-8030
Local 202-594-1100

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

None

Meeting Address _____

 CITY STATE ZIP CODE

Relationship _____

- Type of Connected Organization:
- Corporation
 - Membership Organization
 - Corporation w/o Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative

Write or Type Committee Name

DEMOCRATS OF GREATER IRVINE

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 SHIRLEY PALLEY

Mailing Address 21 WILTMAN CT

IRVINE CA 92617

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 949-

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 SAME

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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. (FEDERAL ACCT)

BANK OF THE WEST

Mailing Address

118020 CHRYSLER DRIVE

NEW HAVEN CA 92612

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

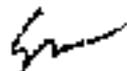
CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 9/29/04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<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
<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
	10/4/04
PREPARER	DATE PREPARED