

**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

Taxpayers' for Better Government

ADDRESS (Number and street)

5435 Madison Avenue

(Check if address is changed)

Sacramento

CA

95841

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 / 18 / 2002

3. FEC IDENTIFICATION NUMBER ► C00371518

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 Rita Copeland

Signature of Treasurer Electronically Filed by Rita Copeland

Date 04 / 18 / 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 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110**FEC FORM 1**
(Revised 1/2001)

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
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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) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. | |

5. **Name of Any Connected Organization or Affiliated Committee**

NONE

Mailing Address

CITY A

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

Taxpayers' for Better Government

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 5435 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 5435 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 _____

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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.

Bank of America

Mailing Address

5310 Auburn Blvd.

Sacramento

CA

95841

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CITY Δ

STATE Δ

ZIP CODE Δ