

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
FEB 12 2010

Office use only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines

12FE4M5

2010 FEB -2 P 12: 33

ROGER ALLEN PETERSEN FOR CONGRESS

ADDRESS (number and street)  (Check if address  
is changed)

PO BOX 535

CLAYTON

CA

94517

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

treasurerlawler@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

\_\_\_\_\_

2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

3. FEC IDENTIFICATION NUMBER

C	C00449199
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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

Kelly Lawler

Signature of Treasurer



Date

01 / 27 / 2010

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 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

100-30241907

## 5. TYPE OF COMMITTEE (Check One)

## Candidate Committee:

(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

1	2	3	4	5	6	7	8	9	0
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Candidate Party Affiliation

REP
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Office Sought:

<input checked="" type="checkbox"/>
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House

<input type="checkbox"/>
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Senate

<input type="checkbox"/>
--------------------------

President

State  
District

CA
07

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

## Party Committee:

(d)  This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican,etc.) Party.

## Political Action Committee (PAC):

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

(f)  In addition, this committee is a Lobbyist/Registrant PAC.

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

## Joint Fundraising Representative:

(g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

FEC ID number	<input type="text"/> C <input type="text"/>
FEC ID number	<input type="text"/> C <input type="text"/>
FEC ID number	<input type="text"/> C <input type="text"/>
FEC ID number	<input type="text"/> C <input type="text"/>

Write or Type Committee Name

**ROGER ALLEN PETERSEN FOR CONGRESS****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

CITY▲

STATE▲

ZIP CODE ▲

Relationship:

 Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor**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

**Kelly Lawler**

Mailing Address

**PO Box 984****Willows****CA****95988**

Title or Position▼

CITY▲

STATE▲

ZIP CODE ▲

**Treasurer**

Telephone number

**530****934****5823****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**Kelly Lawler**

Mailing Address

**PO Box 984****Willows****CA****95988**

Title or Position▼

CITY▲

STATE▲

ZIP CODE ▲

**Treasurer**

Telephone number

**530****934****5823**

**Full Name of  
Designated  
Agent** \_\_\_\_\_

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

**Title or Position ** **CITY A** **STATE A** **ZIP CODE A**

## CITY A

**STATE A**

**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.**

**Wells Fargo**

**Mailing Address**

**6930 Skyway**

## Paradise

CA

**95969**

CITY 4

**STATE 4**

**ZIP CODE** **A**

**Name of Bank, Depository, etc.**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**Mailing Address**

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## CITY 4

**STATE 4**

**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.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/28/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
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
<i>EJ</i>	2/2/10
PREPARER (3/2005)	DATE PREPARED

10036241911