

OLSON HAGEL & FISHBURN, LLP

Date:

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FEC MAIL CENTER
2009 APR 24 A 9 44

Federal Election Commission
999 E St., NW
Washington, D.C. 20463

RE: JOAN BUCHANAN FOR CONGRESS

Period _____ through _____

Enclosed is the original and 1 copy(ies)

Enclosed are two copies

of the following document for the above referenced Committee:

FEC3 or FEC3X

FEC1

FEC5

Please endorse one copy of the document as proof of receipt

Please endorse this transmittal letter as proof of receipt

and return to us per the enclosed envelope or via courier.

Sincerely,

OLSON, HAGEL & FISHBURN LLP

CAMPAIGN REPORTS DIVISION

cc: none

Client No.27272.02/MB

29030080939

FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 APR 24 A 9 44

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: if typing, type over the lines.

12FE4M5

Joan Buchanan for Congress

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

(Check if address is changed)

Sacramento

CA

95814

CITY

STATE

ZIP CODE

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

info@olsonhagel.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

joanbuchanan.com

(Check if address is changed)

2. DATE

04

21

2009

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

Michelle Henry

Signature of Treasurer

Michelle Henry

Date

04/21/2009

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)

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5. TYPE OF COMMITTEE

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: Joan Buchanan

Candidate Party Affiliation: DEM

Office Sought: House Senate President

State: CA District: 10

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

Name of Candidate: _____

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:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- In addition, this committee is a Lobbyist/Registrant PAC.
- (f) 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. _____ FEC ID number: C
2. _____ FEC ID number: C
3. _____ FEC ID number: C
4. _____ FEC ID number: C

29030080941

Write or Type Committee Name

Joan Buchanan for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

[Empty address fields]

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 Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

Sacramento CA 95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records Telephone number 916 442 2952

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 Michelle Henry

Mailing Address 555 Capitol Mall, Suite 1425

Sacramento CA 95814

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 916 442 2952

29030080942

Full Name of Designated Agent

None

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

Title or Position

[Empty title field]

Telephone number

[Empty telephone field]

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.

US Bank

Mailing Address

621 Capitol Mall, Suite 800
Sacramento

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

29030080943

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

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JML
 PREPARER

5/24/07
 DATE PREPARED

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