FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_		Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
PASADENA A	REA UNITED DEM	OÇRATIC HEAD	QUARTERS, , , , ,		
ADDRESS (number and	P.O. I	Box 672			
_					
(Check if addr is changed)		a Madre		[ÇA]	91025
			CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	all ADDRESS	•			
pete@durkeea		<u> </u>			
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)			
			1111111		
COMMITTEE'S FAX N 8182600657	NUMBER	J			
2. DATE 0 9	M / D D / Y	2007			
3. FEC IDENTIFICA	ATION NUMBER	C	C00380568		
4. IS THIS STATEM	MENT NEW	(N) OR	X AMENDED (A)		
I certify that I have exam	ined this Statement and t	to the best of my know	rledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer K	inde Durkee			
Signature of Treasurer	r Electronically Filed	by <b>Kinde Durk</b>	cee	Date 1 1	07 Y 2007
NOTE: Submission of fa		·	subject the person signing this Sta	•	es of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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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 committee information below.)	candidate				
	Name of Candidate					
	Candidate Office Party Affiliation 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 Re	emocratic, epublican,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 full committee.	und or party				
6.	Name of Any Connected Organization or Affiliated Committee					
l	None	<b>.</b>				
	Mailing Address					
		1 1				
	CITY▲ STATE▲	ZIP CODE 🛦				
	Relationship NONE					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organizat	tion				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name

possession of	PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS  Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Kinde Du	rkee		1 1 1		1 1 1 1		
Mailing Address	_	1212 S. Victory Blvd.						
<b>3</b>								
	_	Burbank		<u> </u>	91502			
Title or Position	<b>∀</b>	CITY A	STA	TE▲	ZIP CO	DE 🛦		
	Treasurer		Telephone number	818	<b>260</b>	0669		
Treasurer: Lis	<b>Treasurer:</b> 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	Kinde Du	rkee						
Mailing Address	_	1212 S. Victory Blvd.						
	_	Burbank		<u> </u>	91502			
Title or Position	- -	Burbank CITY A	C.		91502 - ZIP CO	DDE 🛦		
Title or Position	▼ Treasurer							
Title or Position  Full Name of Designated Agent			STA	TEA	ZIP CC	 DDE <b>▲</b> 0669		
Full Name of Designated	Treasurer		STA	TEA	ZIP CC			
Full Name of Designated Agent	Treasurer		STA	818	ZIP CC			

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<ol> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ol>						
	City Na  Mailing Address	ational Bank  555 S. Flower St.  12th Floor				
		Los Angeles CITY A STATE A ZIP	71   -			