

**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

THE IRVINE COMPANY EMPLOYEES PAC

ADDRESS (Number and street)

550 NEWPORT CENTER DR

(Check if address  
is changed)

NEWPORT BEACH

CA

92660

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sscally@nmgovlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE    M M / D D / Y Y Y Y  
          0 2 / 2 0 / 2 0 0 4

3. FEC IDENTIFICATION NUMBER

C C00131615

4. IS THIS STATEMENT    X    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    VIGO G. NIELSEN, JR.

Signature of Treasurer    Electronically Filed by VIGO G. NIELSEN, JR.

Date    M M / D D / Y Y Y Y  
          0 2 / 2 0 / 2 0 0 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100**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
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- (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

THE IRVINE COMPANY \_\_\_\_\_

Mailing Address \_\_\_\_\_ 550 NEWPORT CENTER DRIVE \_\_\_\_\_

\_\_\_\_\_

NEWPORT BEACH \_\_\_\_\_ CA \_\_\_\_\_ 92860 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ CONNECTED ORGANIZATION \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**THE IRVINE COMPANY EMPLOYEES PAC**

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 ANTHONY RUSSO

Mailing Address 550 NEWPORT CENTER DR

NEWPORT BEACH CA 92660 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CST Telephone number 415 - 389 - 6800

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 ANTHONY RUSSO

Mailing Address 550 NEWPORT CENTER DR.

NEWPORT BEACH CA 92660 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 415 - 389 - 6800

Full Name of Designated Agent VIGO G. NIELSEN, JR.

Mailing Address 591 REDWOOD HIGHWAY, BUILDING 4000

MILL VALLEY -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer 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

P.O. BOX 37176

SAN FRANCISCO

CA

94137

CITY Δ

STATE Δ

ZIP CODE Δ