01/07/2006 12 : 57

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

Campbell for Congress

ADDRESS (Number and Street)

4590 MacArthur Blvd., Suite 500

X (Check if address is changed)

Irvine CA 92660 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@campbellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.campbellforcongress.com

COMMITTEE'S FAX NUMBER

530-934-5776

2. DATE M M D D Y Y Y Y 06 10 2005

3. **FEC IDENTIFICATION NUMBER** **C C00412312**

4. IS THIS STATEMENT NEW (N) **OR** X 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 Electronically Filed by Kelly Lawler Date M M D D Y Y Y Y 01 07 2006

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) X 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: **John B.T. Campbell, III**

Candidate Party Affiliation: **REP**

Office Sought: X House Senate President

State District: 48

(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**

Mailing Address

CITY 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

Campbell for Congress

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: P.O. 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: P.O. 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 ▲ 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.

Wells Fargo Bank

Mailing Address 4850 Barranca Parkway

Irvine CA 92604 -

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Wachovia Bank

Mailing Address 100 N. Main Street

Winston Salem NC 27150 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____