

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL ROOM 2002 MAR -1 A 10:51

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DUVAL FOR CONGRESS

ADDRESS (number and street)

POB 1107



(Check if address is changed)

FLAGSTAFF

AZ

86002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

FREDUVALFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

DUVALFORCONGRESS.COM

2. DATE

02 07 2002

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

Kathy Perka

Signature of Treasurer

Kathy Perka

Date

02 16 2002

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 1/01)

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 fred duval

Candidate Party Affiliation DEM Office Sought: House Senate President State AZ District 01

(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

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 Karen Kruse

Mailing Address P.O. 1107

Flagstaff AZ 86002

Title or Position CITY STATE ZIP CODE

Finance Director

Telephone number 866-388-2502

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 Kathleen A. Perka

Mailing Address 11607 Mariposa Rd

Flagstaff AZ

Flagstaff AZ 86001

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 928-527-1194

Full Name of Designated Agent Karen Kruse

Mailing Address P.O. 1107

Flagstaff AZ 86002

Title or Position CITY STATE ZIP CODE

Finance Director

Telephone number 866-388-2502

8. 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

3030 n central

phoenix AZ 85012

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

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<i>St 1</i> PREPARER	3-1-02 DATE PREPARED