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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MICHAELS FOR CONGRESS

ADDRESS (number and street)

4001 S. DECATUR, SUITE 14

(Check if address  
is changed)

LAS VEGAS

NV

89103

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MICHAELS FOR CONGRESS@YAHOO.COM

INFO@MICHAELS FOR CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.MICHAELS FOR CONGRESS.COM

COMMITTEE'S FAX NUMBER

702-548-5608

2. DATE

11 30 2005

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

Russ Kam

Signature of Treasurer

*Russ Kam*

Date

11 30 2005

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)

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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 candidate information below.)

Name of Candidate BARRY MICHAELS

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State NV District 3

- (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

2503693214

Write or Type Committee Name

MICHAELS 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 RUSS KAM

Mailing Address 2650 S MARYLAND PKWY A-3B

LAS VEGAS NV 89109

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 702-731-3278

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 RUSS KAM

Mailing Address 2650 S MARYLAND PKWY SUITE A-3B

LAS VEGAS NV 89109

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 702-731-3278

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

25038032215

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

6900 WESTCLIFF DRIVE 4th FLOOR

LAS VEGAS

NV

89145

0197

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038932216

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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Other (Specify): Date of Receipt or Postmarked

*See*  
PREPARER

12/5/05  
DATE PREPARED

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