C

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (In full)   (Check if name is changed)   Example: If typing, type over the lines.   12FB4M5

FRIENDS OF SINGH FOR CONGRESS

ADDRESS (number and street)   3230-D MITCHELL ROAD

(Check if address is changed)

CERES   CA   9.5307-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)   IN PREPARATION

2. DATE   12 17 2001

3. FEC IDENTIFICATION NUMBER ▶   C

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   DAVINDER S. BAJWA

Signature of Treasurer   Davinder S. Bajwa   Date   12 17 2001

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 1/01) |

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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   **S U K H M A N D E R   S I N G H**

Candidate
Party Affiliation   **D E M**   Office
Sought: **X**   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   ~~S←FB~~   (National, State
or subordinate) committee of the   ~~DEM~~   (Democratic,
Republican, etc.) Party.

(e)   **X**   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**

None

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.

7

Full Name   JASBIR SINGH GILL

Mailing Address   3230-D MITCHELL RD

CERES

CERES   CA   95307-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

ASSISTANT SECRETARY   Telephone number   208-538-2542

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   DAVINDER S. BAJWA

Mailing Address   3230-6 MITCHELL RD

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Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   209-538-8455

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.

CALIFORNIA FEDERAL BANK

Mailing Address   2519 EAST WHITEMORE AVENUE

CERES   CA   95307-

                                    CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

                                    CITY ▲   STATE ▲   ZIP CODE ▲