

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

107 NOV 15 AM 9:00

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Tim Prince for Congress

ADDRESS (number and street)

P. O. Box 12011

(Check if address  
is changed)

San Bernardino

CA

92423-2011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LDMDURKEEANDASSOCIATES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

timprinceforcongress.com

COMMITTEE'S FAX NUMBER

818-260-0657

2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	7

3. FEC IDENTIFICATION NUMBER ►

C 

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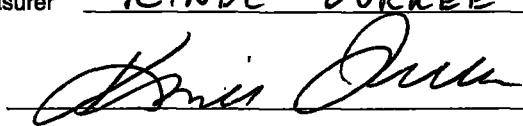
4. IS THIS STATEMENT  NEW (N)  OR  AMENDED (A)

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

KINDE DURKEE

Signature of Treasurer



Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	7

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					
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FE3AN042

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)  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

Timothy Prince

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

CA  
41

District

(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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

NONE

Type of Connected Organization:

Corporation  Corporation w/o Capital Stock  Labor Organization

Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

Tim Prince 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

KINDE DURKEE

Mailing Address

1212 S. VICTORY BLVD.BURBANKCA 91502-

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

818-260-0669

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 TreasurerKINDE DURKEE

Mailing Address

1212 S. VICTORY BLVD.BURBANKCA 91502-

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

818-260-0669Full 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.

1st Valley Credit Union

Mailing Address

401 W. Second Street

San Bernardino

CA

92401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

FIRST CALIFORNIA BANK

Mailing Address

1880 CENTURY PARK EAST

LOS ANGELES

CA

90067

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Fed Ex 11/14/07 Shipping Date
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	11/15/07 DATE PREPARED
PREPARER (3/2005)	