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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (if full)

(Check if name is changed)

Example: If typing, type over the lines

12 PB4295

GALLAGHER FOR CONGRESS

ADDRESS (number and street)

6100 ELTON AVENUE

(Check if address is changed)

SUITE 1000

LAS VEGAS

NV

89107

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

mkern@pbtk.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

gallagher4congress.com

COMMITTEE'S FAX NUMBER

[7.0 2] [8 7.8] - [5.7.0.3]

2. DATE 03 22 2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

NEW (N)

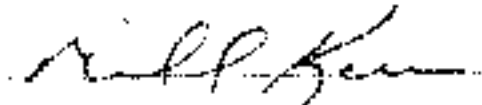
OR

AMENDED (A)

I certify that I have examined the Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHAEL W. KERN

Signature of Treasurer



Date 03 22 2004

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
1st Flr 200-424-9630
Local 202-394-1100

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: TOM GALLAGHER

Candidate Party Affiliation: D E M Office Sought: House Senate President State: N Y District: 0 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

Write or Type Committee Name

TOM GALLAGHER 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: MICHAEL W. KERN

Mailing Address: 6100 ELTON AVENUE
SUITE 1000
LAS VEGAS NV 89107

Title or Position: TREASURER CITY: STATE: ZIP CODE:

Telephone number: 702-384-1120

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: MICHAEL W. KERN

Mailing Address: 6100 ELTON AVENUE
SUITE 1000
LAS VEGAS NV 89107

Title or Position: TREASURER CITY: STATE: ZIP CODE:

Telephone number: 702-384-1120

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, bank accounts, rents, safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK WEST OF NEVADA

Mailing Address

3985 SOUTH DURANGO

LAS VEGAS

NV

89147

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

