

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

JIM GILCHRIST FOR CONGRESS INC

ADDRESS (number and street)

2400 EARLSGATE CT.

(Check if address is changed)

RESTON

VA

20191

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BILL@CONSTANTINEFINANCIAL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JIMGILCHRIST.COM

COMMITTEE'S FAX NUMBER

7032642084

2. DATE

02 / 15 / 2006

3. FEC IDENTIFICATION NUMBER

C C00414151

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

William L Constantine

Signature of Treasurer

Electronically Filed by William L Constantine

Date

02 / 25 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **JAMES W GILCHRIST**

Candidate Party Affiliation **CST** Office Sought: House Senate President State **CA** District **48**

- (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

JIM GILCHRIST FOR CONGRESS INC

- 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 William L Constantine

Mailing Address 2400 EarlsGate Ct

Reston VA 20191 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 703 - 264 - 2024

- 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 William L Constantine

Mailing Address 2400 EarlsGate Ct

Reston VA 20191 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 703 - 264 - 2024

Full Name of Designated Agent Parker Lewis Lewis

Mailing Address 119 8th Street

Seal Beach CA 90740 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

President Telephone number 562 - 594 - 4820

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	11900 Baron Cameron Ave		
	Reston	VA	20190 -
	CITY ▲	STATE ▲	ZIP CODE ▲

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.

[ADDITIONAL]

Horizon Capital Bank

Mailing Address

3707 Richmond Avenue

Houston

TX

77046

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

