

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

2009 NOV 17 AM 9:38
12FE4M5

KESTERSON FOR CONGRESS

ADDRESS (number and street)

800 SOUTH PACIFIC COAST HIGHWAY,

8-305

REDONDO BEACH

CA

90277

CITY

STATE

ZIP CODE

CONTINUED

LEFT OFF INITIAL FILING BY MISTAKE

(Check if address is changed)

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

peteworks4you@kestereson4congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.kestereson4congress.com

2. DATE

11 11 2009

3. FEC IDENTIFICATION NUMBER

100467985

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

RICHARD CORDES

Signature of Treasurer

Richard Cordes

Date

11 11 2009

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 02/2009)

29030191435

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 PETE KESTERSON

Candidate Party Affiliation REP Office Sought: House Senate President State CA District 36

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number: <u>C</u>
2.	_____	FEC ID number: <u>C</u>
3.	_____	FEC ID number: <u>C</u>
4.	_____	FEC ID number: <u>C</u>

29030191436

Write or Type Committee Name

NONE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name.

Mailing Address

Empty grid lines for mailing address.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

RICHARD CORDES

Mailing Address

310 VISTA DEL MAR

SUITE A

REDONDO BEACH

CA

90277

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

310-753-2219

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

RICHARD CORDES

Mailing Address

310 VISTA DEL MAR

SUITE A

REDONDO BEACH

CA

90277

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

310-753-2219

29030191437

Full Name of Designated Agent

JENNY VANDERMEULEN

Mailing Address

21814 KENT AVE

TORRANCE

CITY

CA

STATE

90503

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

310-920-0870

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.

WELLS FARGO BANK

Mailing Address

11701 S ELENA AVE

REDONDO BEACH

CITY

CA

STATE

90277

ZIP CODE

5704

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030191438

PLEASE SEE AMENDMENT ATTACHED.

RQ-1

THANK YOU!



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

November 3, 2009

ANY PROBLEMS PLEASE
FEEL FREE TO CALL ME
AT 310-750-2219

Response Due Date:
December 8, 2009

RECEIVED
FEDERAL ELECTION COMMISSION
NATIONAL CENTER
NOV 17 11 38 AM '09
Richard Cordes

Richard Cordes, Treasurer
Kesterson for Congress
800 South Pacific Coast Highway, #8-305
Redondo Beach, CA 90277

Identification Number: C00467985

Reference: Statement of Organization

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the filing(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

Your Statement of Organization (FEC FORM 1), dated 10/5/09, fails to disclose the address of your Principal Campaign Committee. Commission Regulations require that the Statement of Organization disclose the name, address, and committee type of the Principal Campaign Committee. (11 CFR 102.2(a)(i)). Please amend your Statement of Organization to include the committee's address.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at

29030191439

the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1169.

Sincerely,

A handwritten signature in cursive script that reads "Lauren Lien".

Lauren Lien
Senior Campaign Finance Analyst
Reports Analysis Division

302

29030191440

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
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/12/09
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input 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



PREPARER
(3/2005)

11/17/09

DATE PREPARED

29030191441