

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FOLKENS 4 CONGRESS

P.O. BOX 318

ADDRESS (number and street)

P.O. BOX 318

(Check if address
is changed)

Bloomington

CA

92316

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

folkens4congress@aol.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

folkens4congress.com

COMMITTEE'S FAX NUMBER

2. DATE

02/19/2006

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

Scott Folkens

Signature of Treasurer

Scott Folkens

Date

02/19/2006

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 02/2003)

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

SCOTT FOLKENS

Candidate Party Affiliation

REP

Office Sought:

☒

House

☐

Senate

☐

President

State

CA

District

43

- (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

N/A

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

FOLKENS4 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

SCOTT FOLKENS

Mailing Address

P.O. BOX 318

Bloomington

CA

92316

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

SECRETARY

Telephone number

909-327-5264

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

SCOTT FOLKENS

Mailing Address

P.O. BOX 318

Bloomington

CA

92316

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

909-327-5264

Full Name of
Designated
Agent

N/A

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

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.

AMERICA'S CHRISTIAN CREDIT UNION

Mailing Address

2100 E. ROUTE 66

P.O. BOX 5100

Glendora

CA

91740-0808

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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JL
PREPARER
(3/2005)

3/2/06
DATE PREPARED

26039004502