

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEDERAL MAIL  
OPERATIONS CENTER

7/29 11:52 AM (Date) 9: 31

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

1.2 FEAMS

TIM KALEMKARIAN PB COMMITTEE

ADDRESS (number and street)

PO BOX 3272

(Check if address is changed)

WESTLAKE VILLAGE

CA

91359

0272

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

3 25 2004

3. FEC IDENTIFICATION NUMBER

C

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: TIMOTHY CHARLES KALEMKARIAN

Signature of Treasurer: TIMOTHY CHARLES KALEMKARIAN

Date: 3 25 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §43. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use

For further information contact: Federal Election Commission

FEC FORM 1

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 CHARLES KALEMKARIAN

Candidate Party Affiliation: REP      Office Sought:  House  Senate  President      State: CA      District: 03

- (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: \_\_\_\_\_

Type of Connected Organization:

- Corporation       Corporation w/o Capital Stock       Labor Organization
- Membership Organization       Trade Association       Cooperative

Write or Type Committee Name

TIM KALEMKARIAN P8 COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

TIMOTHY CHARLES KALEMKARIAN

Full Name

Mailing Address

PO BOX 3272

WESTLAKE VILLAGE

CA

91359

0272

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

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

TIMOTHY CHARLES KALEMKARIAN

Mailing Address

PO BOX 3272

WESTLAKE VILLAGE

CA

91359

0272

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i>	3-30-04
<b>PREPARER</b>	<b>DATE PREPARED</b>