

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
10 MAY 26 AM 11:02

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Kaus for Senate

ADDRESS (number and street)

20 Galli Drive Suite A

(Check if address is changed)

Novato

CA

949495731

CITY

STATE

ZIP CODE

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

(Check if address is changed)

nwarren@warrenandassoc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.kausforsenate.com

2. DATE

MM / DD / YYYY
05 / 17 / 2010

05

17

2010

3. FEC IDENTIFICATION NUMBER

C

00480269

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 Nancy L. Warren

Signature of Treasurer

Date

MM / DD / YYYY
05 / 17 / 2010

05

17

2010

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)

10020380590

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 Robert Michael Kaus

Candidate Party Affiliation DEM REP IND LIB OTH

Office Sought: House Senate President

State AL AK AZ AR CA CO CT DE DC FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NE NH NJ NM NV NY NC ND OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12

- (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	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

10020380591

Write or Type Committee Name

Kaus for Senate

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

None

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

Nancy L. Warren

Mailing Address

20 Galli Drive Suite A

Novato

CA

949495731

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

415

884

5500

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

Nancy L. Warren

Mailing Address

20 Galli Drive, Suite A

Novato

CA

949495731

Title or Position

Treasurer

CITY

STATE

ZIP CODE

Telephone number

415

884

5500

10020380592

Full Name of Designated Agent

None

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Title or Position

[Empty title field]

Telephone number

[Empty telephone field]

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

501 Castro Street

[Empty address line]

San Francisco CA 94114

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

10020380593

FOR INSPECTIC



United States Senate
Post Office



IN

Nancy L. Warren
Warren & Associates, LLC
20 Gallil Drive, Suite A
Novato, CA 94948-5731

FOR INSPECTION



United States Senate
Post Office

United States Senate
Post Office



2009 2250 0003 0925 8611



DELIVERED WITH™

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington DC 20510-7116

OPENED
FOR
INSPECTION

198
0480 505.050 MAY
4534
MAILED FROM ZIP CODE



United States Senate
Post Office



OPENED
FOR
INSPECTION

10020380594

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____

USPS REGISTERED/CERTIFIED _____
Postmark
05-18-10
Postmark

USPS PRIORITY MAIL _____

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

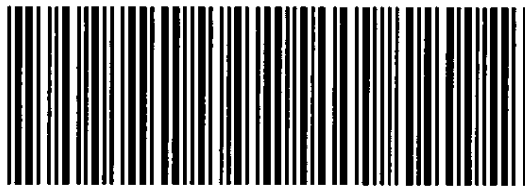
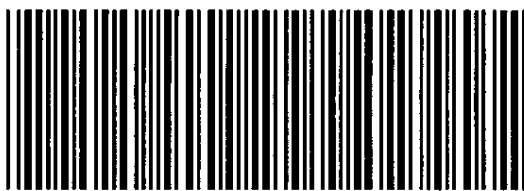
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **RD** DATE PREPARED **05-26-10**

10020380595



10020380596