

**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

Condit for Congress

ADDRESS (Number and street)

777 S. Figueroa St

X (Check if address is changed)

Suite 4050

Los Angeles

CA

90017

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2134528575

2. DATE 10 / 15 / 2003

3. FEC IDENTIFICATION NUMBER C C00247544

4. IS THIS STATEMENT NEW (N) OR X 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 Stephen J. Kaufman

Signature of Treasurer Electronically Filed by Stephen J. Kaufman Date 10 / 15 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

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 Gary Condit

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **CA** District **18**

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

Write or Type Committee Name

Condit for 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 Stephen J. Kaufman

Mailing Address 777 S. Figueroa St.
Suite 4050
Los Angeles CA 90017

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 213 - 452 - 6565

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 Stephen J. Kaufman

Mailing Address 777 S. Figueroa St.
Suite 4050
Los Angeles CA 90017

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 213 - 452 - 6565

Full Name of Designated Agent Stephen J. Kaufman

Mailing Address 777 S. Figueroa St.
Suite 4050
Los Angeles CA 90017

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 213 - 452 - 6565

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.

California Bank & Trust

Mailing Address

550 S. Hope St. Ste 100

Los Angeles

CA

90017 -

CITY Δ

STATE Δ

ZIP CODE Δ