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2005 SEP 16 A 9 16

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Udall for Congress

ADDRESS (number and street)

1401 Avocado Ave Ste. 602
Newport Beach
CA 92660

(Check if address is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Dr Udall@earthlink.net
or UdallforCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

UdallforCongress.com

COMMITTEE'S FAX NUMBER

949-444-8893

(I had one in 2000 election)

2. DATE

09 09 2005

3. FEC IDENTIFICATION NUMBER

C

Not given, yet

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

DON A UDALL MD

Signature of Treasurer

Don A. Udall

Date

09 09 2005

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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

DON ALLEN (D) ACC MD

Candidate Party Affiliation

Rep.

Office Sought:

House

Senate

President

State

8

District

- (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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

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

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Write or Type Committee Name

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 DON A. UDALL MD

Mailing Address (below)

Title or Position CITY STATE ZIP CODE Telephone number 949-644-8772

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 DON A. UDALL MD

Mailing Address 1101 Avocado Newport Beach Ca 92660

Title or Position CITY STATE ZIP CODE Telephone number

Full Name of Designated Agent DON A. UDALL MD

Mailing Address (same as above)

Title or Position CITY STATE ZIP CODE Telephone number 9

21568893712

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.

Washington Mutual Bank

Mailing Address

557 Newport Center Drive

Newport Beach Ca 92660

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038893715

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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES
 PREPARER
 (3/2005)

9/16/05
 DATE PREPARED

FT/58825057