



TURNER, LAUB & ESCOBAR  
CERTIFIED PUBLIC ACCOUNTANTS

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

(213) 627-7494  
2000 APR 28 P 1:15

888 SOUTH FIGUEROA, SUITE 860, LOS ANGELES, CALIFORNIA 90017

April 25, 2000

Federal Election Commission  
Public Records Office  
999 E Street, NW  
Washington, DC 20463

CERTIFIED MAIL  
RECEIPT # 7099 3220 0000 5698 6804  
RETURN RECEIPT

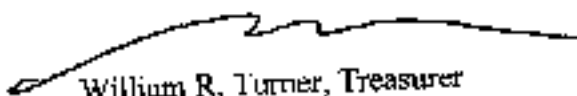
Re: Kuykendall Congressional Committee  
FEC ID#: C00333575

Enclosed you will find FEC Form 1, Statement of Organization, as amended, for the above noted committee.

Please acknowledge receipt of said form by stamping a date of receipt on the enclosed copy of this letter of transmittal as well as the accompanying copy of FEC Form 1 and returning same to the address on this letterhead.

Thank you for your cooperation in this matter.

Very truly yours,

  
William R. Turner, Treasurer  
Kuykendall Congressional Committee

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <b>KUYKENDALL CONGRESSIONAL COMMITTEE</b>	<input type="checkbox"/> (Check if name is changed)	2. DATE <b>4/25/2000</b>
(b) Number and Street Address <b>888 S. FIGUEROA ST, #860</b>	<input checked="" type="checkbox"/> (Check if address is changed)	3. FEC Identification Number <b>00333575</b>
(c) City, State and ZIP Code <b>LOS ANGELES, CA 90017</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

APR 28 P 1:15

6. 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<br><b>STEVEN T. KUYKENDALL</b> | Candidate Party Affiliation<br><b>REP</b> | Office Sought<br><b>CONGRESS</b> | State/District<br><b>CA-36<sup>th</sup></b> |
|--|---|----------------------------------|---|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
  - (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 a party committee.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation with Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
<b>WILLIAM R. TURNER</b>	<b>888 S FIGUEROA ST, #860, L.A., CA. 90017</b>	<b>TREASURER</b>


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	Mailing Address	Title or Position
<b>WILLIAM R. TURNER (213) 627-7494</b>	<b>888 S FIGUEROA ST, #860, L.A., CA. 90017</b>	<b>TREASURER</b>

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 and ZIP Code
<b>WELLS FARGO BANK</b>	<b>BEVERLY CONNECTION BRANCH 100 N. LA CIENEGA BLVD. LOS ANGELES, CA 90048</b>

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 <b>WILLIAM R. TURNER</b>	SIGNATURE OF TREASURER 	DATE <b>5/25/2000</b>
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9538  
Local 202-894-1100

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**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4/25/02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JK</i>	 4/28/02
PREPARER	DATE PREPARED