

**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

FLORICE OREA HOFFMAN FOR CONGRESS

ADDRESS (Number and street)

601 S GLENOAKS BLVD #211

(Check if address is changed)

BUREBANK

CA

91502

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8182600689

2. DATE 08 / 02 / 2005

3. FEC IDENTIFICATION NUMBER C C00411470

4. IS THIS STATEMENT X 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 Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee

Date 08 / 02 / 2005

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 800-424-9630
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 _____

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	CA
						District	40

- (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 _____

601 S GLENOAKS BLVD #211 _____

BURBANK _____ **CA** _____ **91502** - _____

CITY A **STATE A** **ZIP CODE A**

Relationship **CANDIDATE** _____

Type of Connected Organization:

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

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.

Mercantile National Bank

Mailing Address

1880 Century Park East

Los Angeles

CA

90067

CITY Δ

STATE Δ

ZIP CODE Δ

Form/Schedule: F1N

Candidate: Florice Onea Hoffman. ID#: H6CA40267

Transaction ID:
