FEC

STATEMENT OF

FORM 1	ORGANIZ	ZATION		
	(See instruc	ctions)		Office use only
NAME OF COMMITTEE (in f	ull) X (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Kaiser Alumin	um Political Action Committee	e 1		
ADDRESS (number and s	treet) 27422 Portola Par	kway 		
(Check if addre	Suite 350			
(Check if addre is changed)	Foothill Ranch		ÇA]	92610
	12222	CITY▲	STATE	ZIP CODE 📥
john.donnan@				1
,				<u> </u>
ш				
	PAGE ADDRESS (URL)			
www.kaiseral.	com 			
COMMITTEE'S FAX N 9496141867	UMBER			
2. DATE 0 2	/ D D / Y Y Y Y Y Y 11 1 1 1 2 0 0 3			
3. FEC IDENTIFICA	TION NUMBER	C C00047415		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my	knowledge and belief it is true, correc	t and complete	
Type or Print Name of	TreasurerMr. JOHN M. [DONNAN, Esq.		
Signature of Treasurer	Electronically Filed by Mr. JOH	HN M. DONNAN, Esq.	Date 0 2 M	27 Y 2006
NOTE: Submission of fals	se, erroneous, or incomplete information ANY CHANGE IN INFORM	may subject the person signing this S	•	-
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMM	IITTEE (Check One)						
	(a) T	his committee is a principa	I campaign committee	e. (Complete the ca	andidate informatio	on 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		Office Sought:	House	Senate	President	State District	
	(c) Th	nis committee supports/opp	oses only one candid	ate, and is NOT ar	n authorized comm	nittee.		
	Name of Candidate							
	(e) X Th	nis committee is a separate nis committee supports/oppmmittee.	(or su	onal, State lbordinate) commit Federal candidate,	ommittee of the (Democratic, Republican, etc.) Party. idate, and is NOT a separate segregated fund or party			
6.	Name of Any Co	onnected Organization or	Affiliated Committe	:e				
L	KAISER ALUM	IINUM						
L	1 1 1 1 1			1 1 1 1 1	1 1 1 1 1		1 1 1 1	
	Mailing Address		27422 PORTOL	A PARKWAY				
			SUITE 350					
			FOOTHILL RAI	ICH	<u></u>	A [, ,	92610 _ [
			CITY		STA	TE 🛦	ZIP CODE	
	Relationship	CONNECTED						
Type of Connected Organization:								
	X Corporati	ion	Corporatio	n w/o Capital Stocl	k	Labor Organiz	ation	
	Members	ship Organization	Trade Ass	ociation		Cooperative		

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Write or Type 0	Committee Name					
Kaiser A	luminum Politica	I Action Committee				
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 Mr. JOHN M. DONNAN, Esq.						
Mailing Add	lress _	27422 Portola Parkwa	у			
	_	Suite 350				
	_	Foothill Ranch	CA	_	92610 _	-
Title or Posi	ition 🔻	CITY A	STATE	A	ZIP CO	DE A
	CUSTODIAN	OF RECORDS	Telephone number	949	614	1767
3. 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 Treasure	r Mr. JOHN	N M. DONNAN, Esq.				
Mailing Add	lress _	27422 Portola Parkwa	у			
	_	Suite 350				
	_	Foothill Ranch			92610 _	
Title or Posi	ition 🔻	CITY A	STATE	A	ZIP CO	DE A
	TREASUREF	3	Telephone number	949	614	1767
Full Name of Designated Agent	of					
Mailing Add	lress _					
	-			_		
Title or Posi	ition ♥	CITY A	STATE	A	ZIP COI	DE A
			Telephone number		. –	-

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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	P.O. BOX 27128			
		CONCORD CA 94520	0		

STATE △

ZIP CODE △

CITY 🛆