

**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

FRIENDS OF DUKE CUNNINGHAM

ADDRESS (Home or street) 4710 FOURTH ST #100

(Check if address is changed) LA MESA CA 91941

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kbatson@stbcpa

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 / 22 / 2002

3. FEC IDENTIFICATION NUMBER C00242446

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 **Kenneth Batson**

Signature of Treasurer Electronically Filed by **Kenneth Batson** Date 01 / 22 / 2002

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

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 Randy 'Duke' Cunningham

| | | | | | | | |
|-----------------------------|-----|----------------|---|---------------------------------|------------------------------------|----------|----|
| Candidate Party Affiliation | REP | Office Sought: | <input checked="" type="checkbox"/> House | <input type="checkbox"/> Senate | <input type="checkbox"/> President | State | CA |
| | | | | | | District | 51 |

- (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

Write or Type Committee Name

FRIENDS OF DUKE CUNNINGHAM

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 Kenneth Batson

Mailing Address 4710 Fourth Street
100
La Mesa CA 91941

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 619 - 463 - 5548

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 Kenneth Batson

Mailing Address 4710 Fourth Street
100
La Mesa CA 91941

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 619 - 463 - 5548

Full Name of Designated Agent Mr. Casey Tibbotts

Mailing Address 12223 Meadow Grass Court
San Diego CA 92123

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number 658 - 526 - 5485

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.

Union Bank of California

Mailing Address

P.O. Box 512380

La Mesa

CA

91941 - 0380

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Charles Schwab

Mailing Address

101 Montgomery Street

San Francisco

CA

94104 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____