## 14031202000

## STATEMENT OF

FORM 1   UNGANIZATION		RECEIVED					
			orOfficentise Only Ass 0.50				
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FFC MAIL CENTER				
[SIG 9TT, HEYDENFELDT FOR CONBRESS							
ADDRESS (number and stree	ADDRESS (number and street) 1/2/4/9/2 KUMAUATIPL						
(Check if address is changed)	·						
	CITY <b>A</b>		C_A       9,1,7,1,0 - 2,8,3,7         STATE ▲       ZIP CODE ▲				
COMMITTEE'S E-MAIL ADD	DRESS						
☐ <b>(Check if address</b> is changed)	SCOTTHEY	DENFFLDTQYA,	H, O, Q, C, O, M				
	Optional Second E-Mail A	ddress	1				
	1, 1 1 1 1 1 1 1						
COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)  (Check if address is changed)							
2. DATE 03 / 22 / 2014							
3. FEC IDENTIFICATION NUMBER ▶ C							
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 SCOTT HEYDENFELDT							
Signature of Treasurer Newscafelott Date Date Date							
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	1	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	FCL. CUBW I				

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5. TYPE OF COMMITTEE					
	Candidate Committee:				
	(a)	9	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. (Cominformation below.)	plete the candidate	
	Name Cand		SEOTT HEYDENFEGOT		
	Cand Party	idate Affiliati	on PEM Office Sought: House Senate President	State CA District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand	-			
Party Committee:					
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
	Polit	tical A	ction Committee (PAC):		
(e) This committee is a separate segregated fund (identify connected organization on line 6.) Its connected organization					
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	/		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Join	t Func	Iraising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate:	wo or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political	
	Committees Participating in Joint Fundraiser				
		1.	FEC ID number		
		2.	FEC ID number C		
		3.	FEC ID number C		
		4.	FEC ID number C		

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٧	Vrite or Type Committee Name		
<b>6</b> .	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative of	Leadership PAC Sponsor
L			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
,	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the perso	on in possession of committee
	Full Name S.C.O.	TT HEYDENFELDT	
	Mailing Address	[1,2,4,9,2 KUMQUAT, PL.	
		CHINO CA	7,1,7,1,0-(2,8,3,7
	Title or Position	CITY STATE	ZIP CODE
	[C,U,S,T,O,D,I,A,N,	Telephone number	6]-[4,8,2]-[4,1,8,1
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
	Full Name of Treasurer	T, HEYDENFELDT	
	Mailing Address	12492 KUMDUAT PL.	
		CHINO CITY STATE	9 <sub>1</sub> 1 <sub>1</sub> 7 <sub>1</sub> 1 <sub>1</sub> 9-[2 <sub>1</sub> 8 <sub>1</sub> 3 <sub>1</sub> 7 ZIP CODE
	Title or Position $[T_1R_1E_1A_1S_1U_1R_1E_1R_1]$	Telephone number	6-482-4181

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·		
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	C,H,O,O,L,S, F,I,R,S,T, F,E,D,E,R,A,L, ,C,R,E,D,,	/ T
Mailing Address	3,3,2, ,5, ,C,A,L,T,F,O,R,N,I,A, ,A,V,E,	
	W.E.S.T. C.O.V.I.N.A	9,1,7,9,0-2,9,1,3
	CITY STATE	ZIP CODE
Name of Bank, Deposit	itory, etc.	
L		
Mailing Address		
_		<u> </u>
	CITY STATE	ZIP CODE

SCOT HEYDENFELDT 2492 KUMBUAT PL. HINO, CA 91710

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SANTA ANA CA 926 25 MAR 2014 PM 2 L

FEDERAL ELECTION COMMISSION 999 E Street, NW WASHINGTON, DC 20463

## **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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(8/2013)

**PREPARER**