FEC FORM 1

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Office

Use

Only

STATEMENT OF ORGANIZATION

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FEC FORM 1

(Revised 06/2012)

			200	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example: If typing, to over the lines.	ype 12FE4M5	grant to the second sec
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ADDRESS (number and street)	PO BOX	6645		
(Check if address is changed)				
	CITY A		J ŁA STATE ▲	9 3 0 3 1 - \ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	tra toha	m 1 969 @gma	11.604	
,	Optional Second E-Ma	ail Address		
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(Check if address is changed)	grication	oxinaridie m	acrets	3M1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. DATE OH	6 2020			
3. FEC IDENTIFICATION N	NUMBER ►	00428\$37	15 _j j	
4. IS THIS STATEMENT	NEW (N)	R AMENDE	D (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 Treasur	er THOMAS	LARON +	+ AMILTON	
Signature of Treasurer	den !	thand	Date Date	2020
NOTE: Submission of false, error	·	nation may subject the person RMATION SHOULD BE REPO		the penalties of 52 U.S.C. §30109

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

5.

TYPE OF COMMITTEE Candidate Committee:					
(a)	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 Affilia	Office State Sought: House Senate President District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee:				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
Political	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
	Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization Trade Association Cooperative				
(A) \ \ \					
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fur	ndraising Representative:				
(g) :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Co	mmittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number				
3.	FEC ID number C				
4.	FEC ID number C				

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٧	Vrite or Type Committee Name		
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<u>_</u> 3.		organization, Affiliated Committee, Joint Fundraising Representative, or Lead	•
			•
4	1044		
L			
	Mailing Address		
	•		
		CITY STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
			•
	Custodian of Records: Ider	ntify by name, address (phone number optional) and position of the person in	possession of committee
	books and records.		•
	·		
	Full Name	mas Laron Hamilton	11111
	Mailing Address	PO BOX 6645	<u> </u>
		OK+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Oxinand LA 9	3031-
	Title or Position	CITY STATE	ZIP CODE
	Tricialsiwher	Telephone number 8,0,5,	- 216-6675
			•

	name and address (phone number optional) of the treasurer of the committee; and the name and address of nt (e.g., assistant treasurer).
Full Name of Treasurer	homas haron Hamilton
Mailing Address	P.O. 181014 161614151
	0x120131-
Title or Position	CITY STATE ZIP CODE
Theaper	Telephone number 805-246-6675

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

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5(g)	or(h). Joint Fundraisin g	a Participant:			
	1.		FEC I	D number	C Samuel and a material and markets
	2.	1 1 1 1 1 1 1 1 1 1 1 1	FEC I	D number	C
	3.		FEC I	D number	CI
	4.		FEC I	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Re	presentative,	or Leadership PAC Sponsor
				1 1 1 1 1	
	Mailing Address				
	Relationship:	CITY ▲	gamag	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraisir	ng Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - op	tional)		
	Full Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>i </u>	
	Mailing Address				
					· - [
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories intains funds.	in which the comm	nittee deposits	funds, holds accounts, rents
	Depository, etc.			<u> </u>	
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲

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The G.O.O.D. Club P.O. Box 6645 Oxnard, CA 93031

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 Date of Receipt **USPS First Class Mail** Postmarked (R/C) **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

PREPARER (3/2015)