

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

DeLaCerde for Congress

ADDRESS (number and street)

3912 Lower Beaver Road

◀ (Check if address is changed)

Des Moines

CITY ▲

IA

STATE ▲

50310

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address is changed)

GabeDL C2DC@Gmail . com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address is changed)

GabeDL C2DC. Org

2. DATE 08 28 1978

3. FEC IDENTIFICATION NUMBER ▶ C3142037

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 Gabriel De La Cerda

Signature of Treasurer



Date 08 27 2013

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

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## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 **G a b r i e l D e L a C e r d a**

Candidate Party Affiliation **DEM** Office Sought: ☒ House ☐ Senate ☐ President State **I A** District **0 3**

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, 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

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ 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 Fundraising 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.

**Committees Participating in Joint Fundraiser**

1.	FEC ID number <b>C</b>
2.	FEC ID number <b>C</b>
3.	FEC ID number <b>C</b>
4.	FEC ID number <b>C</b>

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Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

## 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

Gabriel De La Cerda

Mailing Address

39 12 Lower Beaver Road

Des Moines

IA

503 10

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 5 63 6 76 22 92

## 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

Gabriel De La Cerda

Mailing Address

39 12 Lower Beaver Road

Des Moines

IA

503 10

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

Full Name of  
Designated  
Agent

G a b r i e l D e L a C e r d a

Mailing Address

3 9 1 2 L o w e r B e a v e r R o a d

D e s M o i n e s

CITY

I A

STATE

5 0 3 1 0

ZIP CODE

Title or Position

D e s i g n a t e d A g e n t

Telephone number

5 6 3 6 7 6 2 2 9 2

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.

A f f i n i t y C r e d i t U n i o n

Mailing Address

4 7 5 N W H o f f m a n L a n e

D e s M o i n e s

CITY

I A

STATE

5 0 3 1 3

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

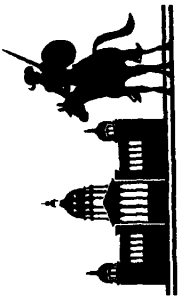
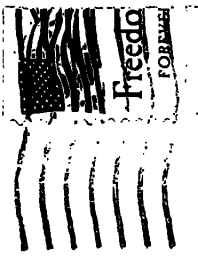
CITY

STATE

ZIP CODE

13031113179

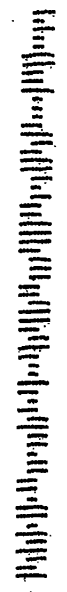
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Gabriel De La Cerdia FOR CONGRESS 2014  
3912 Lower Beaver Road  
Des Moines, IA 50310

Federal Election Comm.  
999 F Street NW  
Washington D.C. 20546

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	<b>9/5/13</b>
PREPARER	DATE PREPARED

(8/2013)

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