PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOSE PADILLA FOR CONGRESS 1801 S DECATUR BLVD #17212 ADDRESS (number and street) (Check if address is changed) LAS VEGAS 89102 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbacker@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address michael@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.josepadillaforcongress.com (Check if address is changed) DATE 03 2014 C00557090 FEC IDENTIFICATION NUMBER > 3. X 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. Dan Backer Type or Print Name of Treasurer Dan Backer [Electronically Filed] Date 06 2014 Signature of Treasurer 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 For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name Candid		JOSE PADILLA	
Candid	late	Office	State
Party A	Affiliati	on Rep Sought: X House Senate President	District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)		· · ·	emocratic, publican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee		i aye 3
	LA FOR CONGRESS	
	cted Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
NONE	•	•
Mailing Address		
	CITY STA	ATE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repr	esentative Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of	the person in possession of committee
Mich Full Name	nael Gruccio	
	203 South Union Street	
Mailing Address	Suite 300	
	Alexandria V	A 22314
Title or Position	CITY STAT	E ZIP CODE
Assistant Treasurer	Telephone number	202 210 5431
	ne and address (phone number optional) of the treasurer of the come.g., assistant treasurer).	mittee; and the name and address of
I dii I vaino	Backer	
of Treasurer	203 South Union Street	
Mailing Address	Suite 300	
		A 122244
	Alexandria	
Title or Position Treasurer	Telephone number	202 - 210 - 5431
1		

. 20 . 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Michael Gruccio	
Agent		
Mailing Address	203 South Union Street	
	Suite 300	
	Alexandria VA 223	14
	CITY STATE	ZIP CODE
Fitle or Position Assistant Treas	surer Telephone number 202 -	210 5431
ANTINO AL LALIE	r Depositories: List all banks or other depositories in which the committee deposits funds. It	noids accounts, rents
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	nolas accounts, rents
	oxes or maintains funds.	noids accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy	noids accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy	noids accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy	
safety deposit b Name of Bank,	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy	
safety deposit b Name of Bank,	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy Chantilly CITY STATE	51
safety deposit b Name of Bank, Mailing Address	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy Chantilly CITY STATE	51
safety deposit b Name of Bank, Mailing Address	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy Chantilly CITY STATE Depository, etc. U.S. Bank P.O. Box 1800	51
safety deposit b Name of Bank, Mailing Address	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy Chantilly CITY STATE Depository, etc. U.S. Bank P.O. Box 1800	51
safety deposit b Name of Bank, Mailing Address	Depository, etc. Access National Bank 14006 Lee Jackson Memorial Hwy Chantilly CITY STATE P.O. Box 1800	51