For help completing Form 1, please double-click the

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icon next to each line number.

FEC FORM 1		STATEME ORGANIZ			2013 001	CEIVED 21 AM ID: 13	ר 
1. NAME OF COMMITTEE (ir	n fuli)	(Check if name is changed)		ble:If typing, type he lines.	12FE4M	5	
	RQUE	Z FOR CON	GRES	<b>S</b>			
ADDRESS (number a	nd street)	2834 SWITC	HBAG	CK LN			
(Check if a is changed)		CORONA		·	CA	92882	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-M/	AIL ADDRESS	Please provide only one			•,		
(Check if is change		Christ-orCon	gręss	2014@Gm			<u></u>
COMMITTEE'S WEE	B PAGE ADDRI	ESS (URL)					
(Check if is change		┵┥┶┥┷┷				╶┶╌┾╌┾╴┾╶┾╶┾╴	
2. DATE 1	)" / 18°	ź013		برين برين برين برين برين برين برين برين			
3. FEC IDENTIFI	CATION NUM			ار کی در در در ایجوبیو در میرد			
4. IS THIS STATE	MENT	NEW (N) OR		AMENDED (A)			
I certify that I have	examined this	Statement and to the be	st of my kr	owledge and belief it	is true, corre	ect and complete.	
Type or Print Name	of Treasurer	MIKE RICH	ARDS	ON			<u> </u>
Signature of Treasur	er	5			Date 1	0" / 18" / 2(	D <sup>*</sup> 13
NOTE: Submission of		s, or incomplete information Y CHANGE IN INFORMA				•	5.C. §437g.
Office Use Only			{	for further Information c ederal Election Commissi oll Free 800-424-9530 ocal 202-694-1100		FEC FORM (Revised 02/200	

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5.			DMMITTEE
	Can	didate	Committee:
	(a)	$\mathbf{X}$	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 Candi		
	Candi Party	idate Affiliatio	n DEM Office Sought: X House Senate President State CA District 42
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Com	mittee:
	(d)	<sub>1</sub> 1	This committee is a       (National, State       (Democratic,         This committee is a       or subordinate) committee of the       Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		·	Corporation W/o Capital Stock
			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 ts a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	t Fund	raising 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.
		Com	nittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	

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Write or Type Committee Name

## CHRIS MARQUEZ FOR CONGRESS

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

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 Title or Position
 CITY
 STATE
 ZIP CODE

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 Telephone number
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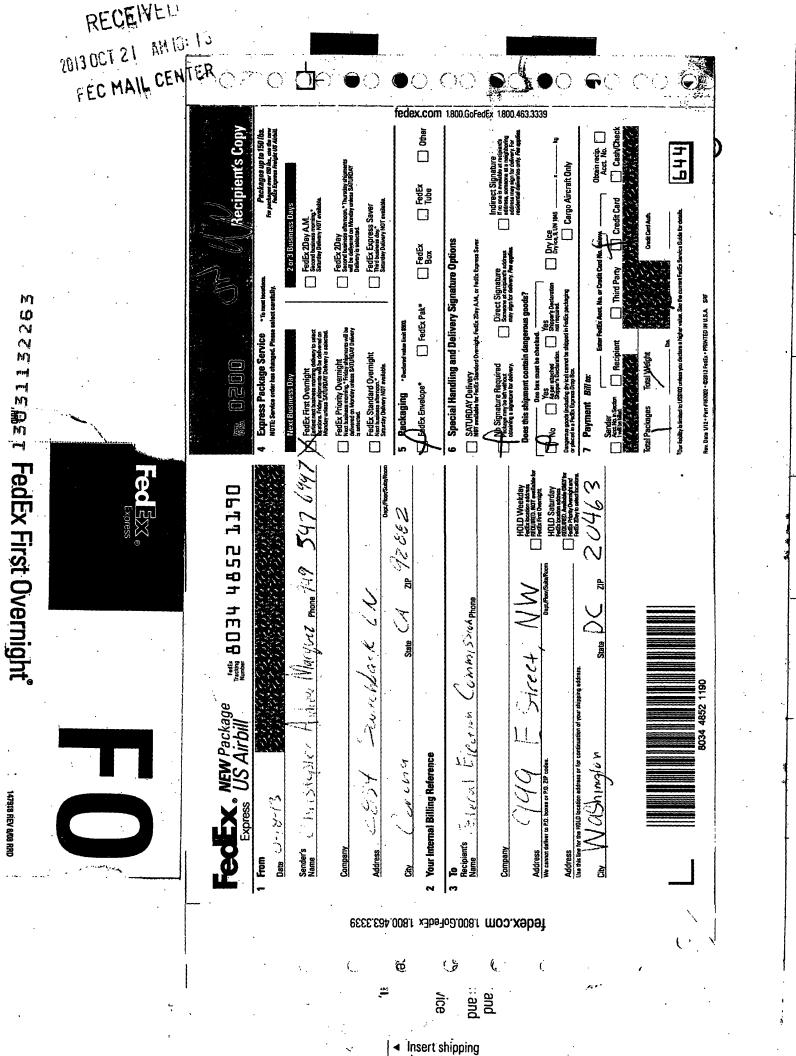
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	
Mailing Address	
	CITY STATE ZIP CODE
	Telephone number 213 - 219 - 8008

	Agent Mailing Address	<u>[1AN RICHARDSON</u> [2834,SWITCHBACK LN		
			CA STATE	92882
	Title or Position	TTREASURER Telephone nu	mber 95	1_ ]-[870, ]-[0192 , ]
9.		<b>Depositories:</b> List all banks or other depositories in which the commi exes or maintains funds. Depository, etc.	ittee deposits	funds, holds accounts, rents
		WELLS FARGO		
	Mailing Address	1111, W 6TH ST		
				92882
		СІТҮ	STATE	ZIP CODE
	Name of Bank,	Depository, etc.		
	Mailing Address			
				└┅┅┙╸└╍╌╍╌┙
		CITY	STATE	ZIP CODE

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