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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Applegate for Congress 380 S Melrose Drive ADDRESS (number and street) Suite 207 (Check if address is changed) Vista 92081 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dlapplegate@earthlink.net (Check if address is changed) Optional Second E-Mail Address admin@evanskatz.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.applegateforcongress.com (Check if address is changed) DATE 05 2015 C00581595 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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. **Douglas Applegate** Type or Print Name of Treasurer Douglas Applegate [Electronically Filed] 10 15 2015 Signature of Treasurer 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
			Local 202-094-1100

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		COMMITTEE	
(a)	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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate	Douglas Loren Applegate	
	didate / Affiliati	on DEM Office Sought: X House Senate President	State CA District 49
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	Domogratio
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee N	ame	-
Applegate for	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Custodian of Records:	Affiliated Committee Joint Fundraising Representative Identify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
books and records.		
Diane Full Name	Evans	
Mailing Address	PO Box 75357	
-		
	Washington DC 200	13
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 202	- 580 - 0880
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and th g., assistant treasurer).	e name and address of
Full Name Dougla	is Applegate	
Mailing Address	380 S Melrose Drive	
Maining Addition	Ste 207	
	Vista	81
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 202	

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Tolophono numbor	I I-I
	Telephone number	
Banks or Other safety deposit be Name of Bank, I		iolas accounts, rents
safety deposit bo	Depository, etc. Navy Federal Credit Union 1824 Marron Road Suite 112	
safety deposit be Name of Bank, I	Depository, etc. Navy Federal Credit Union 1824 Marron Road	
safety deposit be Name of Bank, I	Depository, etc. Navy Federal Credit Union 1824 Marron Road Suite 112	
safety deposit be Name of Bank, I	Depository, etc. Navy Federal Credit Union 1824 Marron Road Suite 112 Carlsbad CITY STATE	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Navy Federal Credit Union 1824 Marron Road Suite 112 Carlsbad CITY STATE Depository, etc.	
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