PAGE 1 / 4

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. Coleangelo for Congress PO Box 142 ADDRESS (number and street) (Check if address is changed) Stockton 95201 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS finance@coleangeloforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.coleangeloforcongress.com (Check if address is changed) DATE 09 2013 C00543751 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. Chrissie Hastie Type or Print Name of Treasurer Chrissie Hastie [Electronically Filed] 05 15 2013 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised	02/2009)	Page 2
TYPE OF COMMITTEE	,	<u> </u>
Candidate Committee		
(a) X This committ	tee is a principal campaign committee. (Complete the candidate information below.))
information b	tee is an authorized committee, and is NOT a principal campaign committee. (Compelow.)	plete the candidate
Name of Candidate	e Coleangelo	
Candidate Party Affiliation	Office Sought: X House Senate President	State
		District 09
(c) This committee	tee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committ	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Comn	nittee (PAC):	
(e) This committee	tee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
Corp	poration Corporation w/o Capital Stock	Labor Organization
Mem	nbership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	tee supports/opposes more than one Federal candidate, and is NOT a separate se.e., nonconnected committee)	egregated fund or party
In ad	dition, this committee is a Lobbyist/Registrant PAC.	
In ad	dition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Rep	presentative:	
(0)	ee collects contributions, pays fundraising expenses and disburses net proceeds for two organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	ee collects contributions, pays fundraising expenses and disburses net proceeds for two rganizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Partic	cipating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
	La	

FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name		<u> </u>
Coleangelo for (Congress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
N/A		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponso
books and records: Ident books and records. Chrissie Ha	fy by name, address (phone number optional) and position of the person in positie PO Box 751271	ssession of committee
Mailing Address		
	Las Vegas NV 89136	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 702 -	259 5559
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na sistant treasurer).	ame and address of
Full Name Chrissie Ha	stie	
Mailing Address	PO Box 142	
	Stockton CA 95201	
Title or Position	CITY STATE	ZIP CODE
Treasurer		259

HH! HOTE	n 1 (Revised 02/2009)	Page 4
FEC FOI	II I (VENIZER 0.5/5009)	raye 4
Full Name of Designated Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
COTOTAL donocit b.	avec or maintaine tunde	
Name of Bank,	Bank of Agriculture	
	Depository, etc. Bank of Agriculture PO Box 1140	
Name of Bank,	Depository, etc. Bank of Agriculture PO Box 1140	1
Name of Bank,	Depository, etc. Bank of Agriculture PO Box 1140	1
Name of Bank,	Depository, etc. Bank of Agriculture	
Name of Bank,	Depository, etc. Bank of Agriculture	ZIP CODE
Name of Bank,	Depository, etc. Bank of Agriculture	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of Agriculture	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of Agriculture	ZIP CODE