PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Investing in Our Communities 166 Lafayette St ADDRESS (number and street) (Check if address is changed) Rahway 07065 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS investinginourcommunities@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572768 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. Jorge E Casalins Type or Print Name of Treasurer Jorge E Casalins [Electronically Filed] 02 16 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:
i	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.	FEC ID number	

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Write or Type Committee		
Investing in	Our Communities	
	ected Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
 Custodian of Record books and records. 	ds: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Jor Full Name	ge E Casalins	
Mailing Address	166 Lafayette St.	
	Rahway NJ	07065
Title or Position	CITY STATE	ZIP CODE
Chairman	Telephone number	8 220 7151
8. Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer).	and the name and address of
Full Name Jorg	ge E Casalins	
Mailing Address	166 Lafayette St.	
	Rahway	07065
Title or Position Chairman	CITY STATE	ZIP CODE 8 _ 220 _ 7151
I	Telephone number	

I		
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Full Name of Designated		
Agent		
Mailing Address		
		1-1 1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,		olds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.	olds accounts, rents
safety deposit be	Depository, etc. Wells Fargo Bank	olds accounts, rents
safety deposit be Name of Bank,	Wells Fargo Bank 141 Elmora Ave	
safety deposit be Name of Bank,	Depository, etc. Wells Fargo Bank	
safety deposit be Name of Bank,	Wells Fargo Bank 141 Elmora Ave	
safety deposit be Name of Bank,	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth NJ 0720 CITY STATE	2
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth NJ 0720 CITY STATE	2
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth NJ 0720 CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 141 Elmora Ave Elizabeth CITY STATE Depository, etc.	ZIP CODE

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: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

February 16, 2015 Federal Election Commission 999 E Street, NW Washington, DC 20463 RE: Form 1, Statement of Organization? Unlimited Contributions To whom it may concern: This political committee intends to make independent expenditures and, consistent with the U.S Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. The committee will not use those funds to make contributions, whether, in-kind, or via coordinated communications, to federal candidates or committees. Respectfully submitted, Jorge Casalins, Chairman and Treasurer

Form/Schedule: Transaction ID: