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M M (I) For help completing Form 1, please double-click the

icon next to each Time Fill the ber.

STATEMENT OF

2013 007 21 F. 12: 15 FO MAIL CENTER

FORM 1	ORGANIZATION	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) over the lines.	12FE4M5
Alas for Congress		
ADDRESS (number and str	eet) 4545 Morse Ave	
(Check if addres	s Lillillillillilli	
L is changed)	Studio City	CA 91604 -
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL AI	DDRESS (Please provide only one e-mail address)	
Charlett adde	info@electalas.com	
(Check if address is changed)	ess Landa de la companya de la compa	
COMMITTEE'S WEB PAG	GE ADDRESS (URL)	
(Check if addre	www.electalas.com	
is changed)		
2. DATE 10	2013	
3. FEC IDENTIFICATION		
4. IS THIS STATEMEN	T NEW (N) OR AMENDED (A)	
I certify that I have exam. Type or Print Name of Tre	easurer Nancy Kremer	it is true, correct and complete.
Signature of Treasurer	ByMhy	Date 10 13 2013
NOTE: Submission of false,	, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

1	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
5.	TYPE OF COMMITTEE Candidate Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	k)		
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)			
	Name of Candidate	ARTURO E ALAS III			
	Candidate Party Affiliati	on REP Office Sought: House Senate President	State CA District 32		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Con	nmittee:			
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Political A	ction Committee (PAC):			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (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.)			
	Joint Fund	Iraising 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.			
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.	FEC ID number			
	3.	FEC ID number			
	4				

		_		
FEC Form 1 (Revised		Page 3		
Write or Type Committee Nam	e			
Alas for Congress				
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor		
1 1 1				
		<u> </u>		
				
Mailing Address				
•				
	CITY STATE	ZIP CODE		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor		
B				
 Custodian of Records: Ide books and records. 	ntify by name, address (phòne number optional) and position of the person in po	ossession of committee		
Full Name Nancy	Kremer	1		
Mailing Address	4545 Morse Ave.			
Maining Address				
	Studio City P160	4 11 1		
		<u></u>		
Title or Position	CITY STATE	ZIP CODE		
Treasurer	Telephone number 818 - 7	⁷⁸⁸ - 8178 , j		
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of		
Full Name of Treasurer Nancy	WANCY MEINER			
Mailing Address	4545 Morse Ave			
	Studio City P160	ZIP CODE		
Title or Position	1010 1 7			
Treasurer	Telephone number 0101 - 1/	88, -8178, -		

FEC Form 1 (Revised	d 02/2009)		Page 4				
Full Name of Designated Agent Albert	Gersh, , , , , , , , , , , , , , , , , , ,						
Mailing Address	21900 Burbank Blvd. Fl 3						
	Woodland Hills	CA STATE	91367,				
Title or Position Assistant Treasurer	Telephone nur	mber 81 ₁ 8	3				
							
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
City ₁ Na	tional _ı Bank _ı						
Mailing Address	12001, Ventura, Pl	<u> </u>					
	Studio City	CA	91604				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
N/A							
Mailing Address		<u> </u>					
	CITY	STATE	ZIP CODE				

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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