FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED 2011 OCT 11 AM 9: 18 FEC MAIL CENTER

					Office Use Only
NAME OF COMMITTEE (in full)	(Check if no is changed)		ample:If typing, type er the lines.	12FE4M	5
BANAFSHEH	AKHLAGH	I FOR	CONGRES	S	
ADDRESS (number and street)		Third	Street		
(Check if address	# 459				
is changed)	SAN RA	KAEL	ليبنيب	CA	749011-35811
		CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide or	ıly one e-mail a	ddress)		
(Check if address	m/leste	rielles	terconne	ct.c	D.M.
is changed)	سسسا		111111	لبلليا	
COMMITTEE'S WEB PAGE AD	IDRESS (URL)				
COMMITTEE WED TAGE AD		nafzh	ehforcon	ares	5.0rg 1
(Check if address is changed)	<u> </u>			JI 1991	
2. DATE 0 ' 0	4 2011				
3. FEC IDENTIFICATION N	UMBER	С	en e		
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined to	his Statement and to	the best of my	knowledge and belief it	is true, corre	ct and complete.
	000	1	4.43.0		
Type or Print Name of Treasure	ar A.B.C.	Kristen:	361		
Signature of Treasurer	1.13.6			Date [0 04 2011
NOTE: Submission of false, erron	•	-	ubject the person signing to		to the penalties of 2 U.S.C. §437g. S.
Office Use			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC For	m 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE Committee:	
(a) X	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. (Co information below.)	mplete the candidate
Name of Candidate	BANAFSHEH AKHLAGHI	
Candidate Party Affiliation	on DEM Office X House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Com	ımittee:	
(d)	(National, State This committee is a 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 con-	onnected organization is a:
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trace 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., noncommetted 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	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.		
2.		
3.	FEC ID number C	
4.	FEC ID number C	•

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Banafsheh Akhlaghi for Cong	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsin	ng Representative, or Leadership PAC Sponsor
Money	
Molne	
Mailing Address	
Wone	
Wond	L
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fund	dralsing Representative Leadership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number - optional) an books and records.	
Full Name A. B. Christensen	
Mailing Address 250, Camino Alto	
M1,1,1, V,a, 1,1,e,y	<u> </u>
Title or Position CITY	STATE ZIP CODE
Treasurer Telepho	one number
8. Treasurer: List the name and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer).	r of the committee; and the name and address of
Full Name of Treasurer A.B., Christensen	
Mailing Address 1250 Camino, Alto,	
Suite 100B	
Mil) Valley	L RA 949911-
Title or Position	STATE ZIP CODE
Telepho	one number

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FEC FOR	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the exes or maintains funds. Depository, etc. Marin County Federal Cre 30 North San Ped	edituni	o p
	San Rafael	CA	194903-4128
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
		1	
Mailing Address			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** 10/11/11 **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):