

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2015 JAN 16 AM 10:10 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

New Opportunity for Real Monumental Action (NORMA PAC)

Grid for name entry

ADDRESS (number and street)

c/o 728 W. Edna Place

Grid for address line 1

(Check if address is changed)

Grid for address line 2

Covina

CA

91722

Grid for address line 3

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

yolimiranda@hotmail.com

Grid for email address line 1

Grid for email address line 2

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Grid for web page address line 1

Grid for web page address line 2

2. DATE

MM 01

DD 14

YYYY 2015

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer Yolanda Miranda

Signature of Treasurer

*Yolanda Miranda*

Date

MM 01

DD 14

YYYY 2015

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

Write or Type Committee Name

New Opportunity for Real Monumental Action (NORMA PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Norma Torres

Mailing Address

1120 Hillcrest Drive

Pomona

CA

91768

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Yolanda Miranda

Mailing Address

728 W. Edna Place

Covina

CA

91722

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

626

915

7635

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Yolanda Miranda

Mailing Address

728 W. Edna Place

Covina

CA

91722

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

626

915

7635



Part # 156297-435 RIT2 08/14

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ACTWT: 0.2 LB  
CAD: 6982232/SF01521

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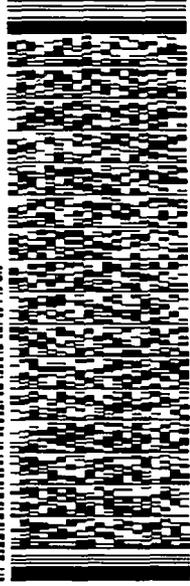
ORIGIN ID: RBFA (626) 915-7635  
YOLANDA MIRANDA  
YOLANDA MIRANDA & ASSOCIATES  
728 W. EDNA PL  
COVINA, CA 91722  
UNITED STATES US

TO  
**FEDERAL ELECTION COMMISSION**  
**FEDERAL ELECTION COMMISSION**  
**999 E ST NW**

**WASHINGTON DC 20463**

REF: (000) 000-0000  
PC: 0201

DEPT:



REL# 3785346

**FRI - 16 JAN AA**  
**STANDARD OVERNIGHT**

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DC-US IAD



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