FEC FORM 1

STATEMENT OF ORGANIZATION

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•	1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M		NTC:	
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	ADDRESS (number a	nd street)	34,40 E.	TY	DOR ROAD	# 1	1,17	لىبىيا	
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		A	CITY A	F		STATE A	1995,97 ZIP	CODE	
M)	COMMITTEE'S E-MA	AIL ADDRESS							
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i	2. DATE						. ·		
;	3. FEC IDENTIFIC	CATION NUMBER	▶ C	0,05	2.05.44				
•	4. IS THIS STATE	MENT [] N	EW (N) OR	Ż	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 Michele VASquez									
Signature of Treasurer Michile Vasque Date 09 16 26									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §43 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								f 2 U.S.C. §437g.	
	Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FO		

FEC Form 1 (Revised 02/2009)								Page 2	2	
E OF CC	DMMITTEE									
ndidate	Committee:									
×	This committee is a prin	ncipal campai	gn comi	mittee. (Co	mplete t	he candida	ite infori	mation below.)		
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)									didate
ne of ididate	MAHHein	ME N	00,	RE .		<u> </u>				
ididate ly Affiliation	n DE'M	Office Sought:	X	House	O Zome	Senate		President	State	Ax
			1						District	

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		OMMITTEE Committee:
(a)	X	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 Cand		MA+thew E MOORE
Cand Party	idate Affiliatio	On DEM Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	mittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction 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 Eederal 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	Fund	raising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
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4.		FEC ID number	C

}	·	
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Write or Type Committee N	ame	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadershin PAC Sponsor
. Name of Any Connecte	a Organization, Annated Committee, Committee and Inches of the	adorsing i Ao oponooi
NONE	<u> </u>	1
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
· · · · · · · · · · · · · · · · · · ·		
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name MA	TT MOORE	
Mailing Address	124419 ETUDOR KD #111/1	
		20.4
	AAGHOAAGE AKI 19	795,071-11117
Title or Position	CITY STATE	ZIP CODE
CAN, DID, AT	E Telephone number 957	1-1980-17797
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name of Treasurer	CHELE NAS, QUEZ	
Mailing Address	P9 B0x 1159	
		
	KEN AT CITY STATE	79.6 [1]- ZIP CODE
Title or Position	· ·	1-19401-5.783

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Full Name of Designated	1	1
Agent		
Mailing Address	<u> </u>	1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	ds accounts, rents
Name of Bank,		
	WELLS FARGO BANK NA	
Mailing Address	POBOX 1,96127	
•		
	ANCHORAGE AK 99	5/191-16/27
	CITY	71D CODE

Name of Bank, Depository, etc.

13031120602

Mailing Address

CITY

STATE

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