PAGE 1 / 5 =

FEC FORM 1				NT OF ATION		O# 11 O	
1. NAME OF	II)	(Check i		Example: If typing, type	12FE4M5	Office Use Or	nly
COMMITTEE (in		is chang	,	over the lines.			
Ken Calver	t for C	ongress C	ommi	ttee 			
ADDRESS (number a	nd street)	PO BOX 2438			1 1 1 1		I
(Check if a	address						
is changed	1)	Corona			CA	92878	1-1
		CITY A			STATE ▲	Z	P CODE ▲
COMMITTEE'S E-MA	IL ADDRES	SS					
(Check if a is changed		info@campai	gn-compli	ance.com			
is changed	1)	Optional Second	E-Mail Add	Iress			
(Check if a is changed		www.calvertforco	ngress.com				
2. DATE 1		2020	Y				
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	00257337			
4. IS THIS STATEM	MENT	NEW (N)	OR	x AMENDED (A)			
I certify that I have e	xamined thi	s Statement and	to the best	of my knowledge and belief it	is true, correct	and complete).
Type or Print Name	of Treasurer	Vasels, Nicholas	C., , ,				
Signature of Treasure	vasels	Nicholas C., , ,		[Electronically Filed]	Date 11	M / D D D 12	2020
NOTE: Submission of				may subject the person signing the DN SHOULD BE REPORTED WI			of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			ORM 1 1 06/2012)

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Calvert, Ken, , ,	
	didate / Affiliati	on REP Office Sought: X House Senate President	State CA District 42
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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 transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FF0 F	5 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Ken Calvert for Congress Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rsnip PAC Sponsor
Calvert Victory Fund	
PO Box 30844 Mailing Address	
Bethesda MD 20824	
CITY STATE	ZIP CODE
	211 0002
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in p books and records.	ossession of committee
Slater, Jen, , ,	
Full Name	
Mailing Address 9070 Irvine Center Drive	
Suite 150	
Irvine CA 92618	
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	858 7448
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the r any designated agent (e.g., assistant treasurer). 	name and address of
Full Name Vasels, Nicholas C., , ,	
of Treasurer	
Mailing Address PO Box 78376	
Corona CA 92877	
CITY STATE Title or Position	ZIP CODE
Treasurer 949	823 - 1867

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
Banks or Other I	Depositories: List all banks or other depositories in which the committee deposits funds, holds accommittee deposits funds.	counts, rents
safety deposit box	xes or maintains funds.	3041113, 131113
safety deposit box Name of Bank, Do	xes or maintains funds.	oounto, ronto
safety deposit box Name of Bank, De	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, De	ces or maintains funds. Depository, etc. Citizens Business Bank	_
safety deposit box Name of Bank, De	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, De	ces or maintains funds. Depository, etc. Citizens Business Bank	
safety deposit box Name of Bank, De	ces or maintains funds. Depository, etc. Citizens Business Bank	
safety deposit box Name of Bank, De	citizens Business Bank 225 West Sixth Street Corona CA 92882	CODE
safety deposit box Name of Bank, De	citizens Business Bank 225 West Sixth Street Corona CITY STATE ZIP	
Name of Bank, Do	citizens Business Bank 225 West Sixth Street Corona CITY STATE ZIP Depository, etc.	
Safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Depository, etc. Citizens Business Bank 225 West Sixth Street Corona CITY STATE ZIP Depository, etc.	
Name of Bank, Do	Depository, etc. Citizens Business Bank 225 West Sixth Street Corona CA Pacific Premier Bank Pepository, etc.	
Safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Depository, etc. Citizens Business Bank 225 West Sixth Street Corona CA Pacific Premier Bank Pepository, etc.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	p Participant;					
*\ <i>3</i> /	1.			FEC ID	number	C	
	2.			FEC ID	number	C	
	3.			FEC ID	number	C	
	4.			FEC ID	number	C	Ħ
	4.						
6.	Name of Any Connected	Organization, Affiliated Co	ommittee, Joint Fun	draising Repr	esentative	, or Leadership PAC Spor	nsor
	Mailing Address						
	Relationship:	C	ITY 🛦		STATE A	ZIP CODE ▲	
	Connected	Organization Affiliated	Committee Joi	nt Fundraising	Representa	tive Leadership PAC S	Sponsor
8.	Designated Agent: Identify	by name, address (phone	number – optional)				
8.	Full Name	by name, address (phone	number – optional)				
8.		by name, address (phone	number – optional)				
8.	Full Name	by name, address (phone	number – optional)				
8.	Full Name	by name, address (phone	number – optional)				
8.	Full Name		number – optional)	S	TATE A	ZIP CODE A	
8.	Full Name		TY A	S'Telephone Nur		ZIP CODE A	
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CIT Cites: List all banks or other intains funds.	TY A	Telephone Nui	mber		nts
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CIT Cires: List all banks or other intains funds. Fargo Bank	TY A	Telephone Nui	mber		nts
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the	CIT Cites: List all banks or other intains funds.	TY A	Telephone Nui	mber		nts
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CIT Cires: List all banks or other intains funds. Fargo Bank	TY A	Telephone Nui	mber		nts
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CIT Cires: List all banks or other intains funds. Fargo Bank	TY A	Telephone Nui	mber		nts