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FEC	STATEMEN ORGANIZA	_		
FORM 1	UNGANIZA			
1. NAME OF	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Pete Aguilar for (Congress			
	PO Box 10954			
ADDRESS (number and street)				
 (Check if address is changed) 				
	San Bernardino		CA 92	2423
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	pete@peteaguilar.com			
is changed)	Optional Second E-Mail Add	ress		
	fec@nextlevelpartner			
COMMITTEE'S WEB PAGE AD	DBESS (UBL)			
(Check if address	http://www.peteaguilar.com			1
is changed)				
2. DATE 03 1	D / Y Y Y Y 3 2015			
3. FEC IDENTIFICATION N	UMBER ► C CO	0510461		
_				
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of	of my knowledge and belief it	is true correct an	d complete
Type or Print Name of Treasure	er Jennifer May			
	· · · · · ·		M	/ D D / Y Y Y Y
Signature of Treasurer	ifer May	[Electronically Filed]	Date 03	13 2015
NOTE: Submission of false, erron	eous, or incomplete information n	nay subject the person signing th	nis Statement to the	e penalties of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMATIC	N SHOULD BE REPORTED W	ITHIN 10 DAYS.	
Office Use		For further information co Federal Election Commission		FEC FORM 1 (Revised 06/2012)
Only		Toll Free 800-424-9530 Local 202-694-1100		(11001300 00/2012)

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 Pete Aguilar Candidate Office Party Affiliation DEM Office Sought: Name of Candidate Office Party Affiliation DEM Office Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (National, State or subordinate) committee of the Party Committee: (National, State or subordinate) committee of the (d) This committee is a Political Action Committee (PAC): (Identify connected organization on line 6.) Its connected organization			rm 1 (Revised 02/2009)	Page 2
(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 Pete Aguilar (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Office Party Athilation DEM Office or subordinate) committee of the Party Committee: (National, State (d) This committee is a (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (f) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee (i.e., nonconnected committee) (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees of a federal candidate. (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organiza				raye Z
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		2.	FEC ID number	
4 FEC ID number		3.	FEC ID number	
		4.	FEC ID number	

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Write or Type Committee Name

Pete Aguilar for Congress

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

A	guilar Victory F	und				
	Mailing Address	PO Box 10954				
		San Bernardino			CA 9242	23
			CITY		STATE	ZIP CODE
	Relationship: C	onnected Organization	Affiliated Committee	X Joint Fundraising R	Representative	Leadership PAC Sponsor
7.	Custodian of Record books and records.	ds: Identify by name, add	ress (phone number	optional) and position	n of the person ir	n possession of committee
		ennifer May				1
	Je Full Name					
		PO Box 10954				

	San Bernardino		92423
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Telep	bhone number	202 505 1657

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	Jennifer May		
Mailing Address	PO Box 10954		
	San Bernardino CA 92423 – / <th <="" th=""> <th <="" th=""> /</th></th>	<th <="" th=""> /</th>	/
	CITY STATE ZIP CODE		
Title or Position	Telephone number		

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	I										
Mailing Address																											
																				L							
							CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																											
											Tel	eph	ione	e ni	umt	ber											

9. 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.

	Bank of America		
Mailing Address	303 North D St		
	San Bernardino	CA92401	
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	