

RECEIVED
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2015 JUL 27 AM 7:10

Committee Name:

Hispanic Citizens for Donald Trump

If registered, FEC ID:

Today's Date:

7/16/2015

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Francisco A. Ramirez

, Treasurer

2015 JUL 27 AM 7:10

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Hispanic Citizens for Donald Trump

ADDRESS (number and street)

1643 N. Alpine Rd

- (Check if address is changed)

Suite 104 PMB 234

Rockford

CITY ▲

IL

STATE ▲

61107

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- (Check if address is changed)

DTrump@Presidency.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- (Check if address is changed)

2. DATE 07 / 16 / 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 Francisco A. Ramirez

Signature of Treasurer

Date

07 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

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
CandidateCandidate
Party AffiliationOffice
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

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

NONE

Mailing Address

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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

779

- 771

- 8534

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

Francisco A. Ramirez

Mailing Address

1643 N. Alpine Rd.

Suite 104 PMB 234

Rockford

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

779

- 772

- 5153

Full Name of
Designated
Agent

David Ramirez

Mailing Address

1643 N. Alpine Rd

Suite 104 PMB 234

Rockford

CITY

IL

STATE

61107

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

779 - 771 - 8534

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

SHIPPED BY AIR
From: Francisco Ramirez
1643 N ALPINE RD STE 104 PMB 234
ROCKFORD, IL 61107

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FIRST CLASS MAIL

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WASHINGTON DC, 20463-0001

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PREPARER
(3/2015)

7/27/15
DATE PREPARED

NOTATION: IN COMING DOCUMENT