| FEC<br>FORM 1   | STATEMEN<br>ORGANIZ               |  | PAGE 1 / 5<br>Office Use Only                                | 5     |
|---|-----------------------------------|--|--|-------|
| 1. NAME OF<br>COMMITTEE (in full)                     | (Check if name<br>is changed)     | Example:If typing, type over the lines.  | 12FE4M5  |       |
| Latino Majority                                       |                                   |  |  |       |
| ADDRESS (number and street                            | 649 North Fourth Avenue           |  |  |       |
| (Check if address<br>is changed)                      | Phoenix<br>CITY                   |  | AZ 85003<br>STATE ▲ ZIP CODE ▲                               |       |
| COMMITTEE'S E-MAIL ADD                                | DRESS                             |  |  |       |
| (Check if address is changed)                         | david.sanch83@gmail.              |  |  |       |
|   | Optional Second E-Mail Add        | dress<br>DM  |  | . 1   |
| <ul> <li>(Check if address<br/>is changed)</li> </ul> |                                   |  |  |       |
| 2. DATE 09  | 23 / Y Y Y Y<br>2016              |  |  |       |
| 3. FEC IDENTIFICATION                                 |                                   | 00626408   |  |       |
| 4. IS THIS STATEMENT                                  | × NEW (N) OR                      | AMENDED (A)  |  |       |
| I certify that I have examine                         | ed this Statement and to the best | of my knowledge and belief it  | is true, correct and complete.                               |       |
| Type or Print Name of Treas                           | surer Mr. David Sanchez           |  |  |       |
| Signature of Treasurer                                | Ar. David Sanchez                 | [Electronically Filed]   | Date 09 23 / Y Y<br>2016                                     |       |
| NOTE: Submission of false, en                         |                                   | may subject the person signing the NAN SHOULD BE REPORTED W  | is Statement to the penalties of 2 U.S.C. §<br>THIN 10 DAYS. | 437g. |
| Office<br>Use<br>Only                                 |                                   | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |  |       |

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| -                           |  | _                                       |
|-----------------------------|--|---|
| FEC FC                      | orm 1 (Revised 02/2009)  | Page <b>2</b>                           |
| TYPE OF C                   | COMMITTEE  |   |
| Candidat                    | e Committee:   |   |
| (a)                         | This committee is a principal campaign committee. (Complete the candidate information below.   | 1                                       |
| (b)                         | This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)   | plete the candidate                     |
| Name of<br>Candidate        |  |   |
| Candidate<br>Party Affiliat | ion Office<br>Sought: House Senate President   | State                                   |
| (C)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
| Name of<br>Candidate        |  |   |
| Party Cor                   | nmittee:   |   |
| (d)                         | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party |
| Political A                 | Action Committee (PAC):  |   |
| (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor   | nected organization is                  |
|                             | Corporation Corporation w/o Capital Stock  | Labor Organization                      |
|                             | Membership Organization Trade Association  | Cooperative                             |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |   |
| (f) <b>x</b>                | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)  | gregated fund or part                   |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |   |
|                             | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| Joint Fund                  | draising Representative:   |   |
| (g)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political                    |
| (h)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.          | o or more political                     |
| Con                         | mittees Participating in Joint Fundraiser  |   |
| 1.                          | FEC ID number  |   |
| 2.                          | FEC ID number  |   |
| 3.                          | FEC ID number  |   |
| 4.                          | FEC ID number  |   |

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Write or Type Committee Name

## Latino Majority PAC

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

| Mailing Address  |         |       |          |  |  |  |  |  |  |  |  |
|--|---------|-------|----------|--|--|--|--|--|--|--|--|
|  |         |       |          |  |  |  |  |  |  |  |  |
|  |         |       |          |  |  |  |  |  |  |  |  |
|  | CITY    | STATE | ZIP CODE |  |  |  |  |  |  |  |  |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso   |         |       |          |  |  |  |  |  |  |  |  |
| <ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee<br/>books and records.</li> </ol> |         |       |          |  |  |  |  |  |  |  |  |
| Mr. David  | Sanchez |       |          |  |  |  |  |  |  |  |  |

| Full Name         |  |
|-------------------|--|
| Mailing Address   | 649 North Fourth Avenue  |
|                   |  |
|                   | Phoenix         AZ         85003           -         -         - |
| Title or Position | CITY STATE ZIP CODE  |
|                   | Telephone number     202     -     520     -     0624            |

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         | Mr. David Sanchez                         |
|-------------------|---|
| of Treasurer      |   |
| Mailing Address   | 649 North Fourth Avenue                   |
|                   |   |
|                   | Phoenix                                   |
|                   | CITY STATE ZIP CODE                       |
| Title or Position | Telephone number     202     520     0624 |

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| Full Name of<br>Designated<br>Agent |  |  |  |  |  |   |     |   |  |  |  |      |     |      |      |     |     |    |   |   |  |    |    | 1  |   |  |   | _ |
|-------------------------------------|--|--|--|--|--|---|-----|---|--|--|--|------|-----|------|------|-----|-----|----|---|---|--|----|----|----|---|--|---|---|
| Mailing Address                     |  |  |  |  |  |   |     |   |  |  |  |      |     |      |      |     |     |    |   |   |  |    |    |    |   |  |   |   |
|                                     |  |  |  |  |  |   |     |   |  |  |  |      |     |      |      |     |     |    |   |   |  |    |    |    |   |  |   |   |
|                                     |  |  |  |  |  |   |     |   |  |  |  |      |     |      |      |     |     |    |   |   |  |    |    |    |   |  | 1 |   |
|                                     |  |  |  |  |  | ( | CIT | Y |  |  |  |      |     |      |      | 9   | STA | ΤE |   |   |  | ZI | PC | OD | Ε |  |   |   |
| Title or Position                   |  |  |  |  |  |   |     |   |  |  |  |      |     |      |      |     |     |    |   |   |  |    |    |    |   |  |   |   |
|                                     |  |  |  |  |  |   |     |   |  |  |  | Tele | eph | ione | e ni | umb | 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 | 1090 Vermont Avenue NW |                |
|                 |                        |                |
|                 | Washington             |                |
|                 | CITY                   | STATE ZIP CODE |
| Name of Bank, D | epository, etc.        |                |
|                 |                        |                |
| Mailing Address |                        |                |
|                 |                        |                |
|                 |                        |                |
|                 | CITY                   | STATE ZIP CODE |

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

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.

Form/Schedule: Transaction ID: