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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. National Campaign Strategy Council (N.C.S.C) 325 San Dimas Canyon Rd. Apt. 14 ADDRESS (number and street) (Check if address is changed) San Dimas 91773 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chairncsc@outlook.com (Check if address is changed) Optional Second E-Mail Address aarios235@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00630269 FEC IDENTIFICATION NUMBER > 3. 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. Rios, Angel, Anthony, Mr., Type or Print Name of Treasurer Rios, Angel, Anthony, Mr., [Electronically Filed] 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

_			D 0
		OMMITTEE	Page 2
		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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	Domoovatio
(d)		· · · ·	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 connected organization on line 6.)	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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		. ago c
	paign Strategy Council (N.C.S.C)	
	ed Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY ST	ATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	f the person in possession of committee
Rios, .	Angel, Anthony, Mr.,	
Mailing Address	325 San Dimas Canyon Rd. Apt. 14	
	San Dimas C	A 91773
Title or Position	CITY STA	TE ZIP CODE
Chairman	Telephone number	
s. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the com.g., assistant treasurer).	mittee; and the name and address of
Full Name Rios, A	Angel, Anthony, Mr.,	
Mailing Address	325 San Dimas Canyon Rd. Apt. 14	
		A 91773
Title or Position Chairman	CITY STAT	re zip code
	Telephone number	

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	oxes or maintains funds.	
Name of Bank,	Depository, etc. Chase Bank	
	Depository, etc. Chase Bank	
Name of Bank,	Depository, etc. Chase Bank	3 1
Name of Bank,	Chase Bank 1001 W. Arrow Hwy San Dimas CA 91773	ZIP CODE
Name of Bank,	Chase Bank 1001 W. Arrow Hwy San Dimas CITY STATE	
Name of Bank, Mailing Address	Chase Bank 1001 W. Arrow Hwy San Dimas CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Chase Bank 1001 W. Arrow Hwy San Dimas CA 91773 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chase Bank 1001 W. Arrow Hwy San Dimas CA 91773 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chase Bank 1001 W. Arrow Hwy San Dimas CA 91773 CITY STATE	

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± 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.

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