STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lupe for Congress 74-998 Country Club Drive ADDRESS (number and street) Ste 220 Box 410 (Check if address is changed) Palm Desert 92260 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS briana@bbcampaigns.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2015 C00575332 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Briana Baleskie Type or Print Name of Treasurer Briana Baleskie [Electronically Filed] 04 07 2015 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

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TYPE OF COMMITTEE Candidate Committee:	
(a) X 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 candinformation below.)	lidate
Name of Candidate Lupe Ramos Watson	
Candidate Party Affiliation REP Office Sought: X House Senate President District	CA 36
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(National, State (Democratic, or subordinate) committee of the Republican, et	c.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	zation is a:
Corporation Corporation w/o Capital Stock Labor Organ	nization
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 function committee. (i.e., nonconnected committee)	or party
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 policommittees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more poli committees/organizations, none of which is an authorized committee of a federal candidate.	tical
Committees 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 Name	<u> </u>	<u> </u>
Lupe for Congre	ess ess	
<u> </u>	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Briana Bale	eskie	
Mailing Address	8913 Linton Lane	
-	I	
	Alexandria VA 22308	
Title or Position	CITY STATE	ZIP CODE
Treasurer		360 - 6459
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name Briana Bale	skie	
Mailing Address	8913 Linton Lane	
	Alexandria VA 22308	
Title or Position	CITY STATE	ZIP CODE
Treasurer		360 6459

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number]
safety deposit be Name of Bank,	Bank of America	
Mailing Address		
Mailing Address		
Mailing Address		2308
Mailing Address		2308 _ _ _ _ _ _ _ _
Mailing Address Name of Bank,	Alexandria VA 22 CITY STATE	
	Alexandria VA 22 CITY STATE	ZIP CODE
	Alexandria CITY STATE Depository, etc.	ZIP CODE
Name of Bank,	Alexandria CITY STATE Depository, etc.	ZIP CODE
Name of Bank,	Alexandria CITY STATE Depository, etc.	ZIP CODE