FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2013 NOV 15 AM 8: 59 FEC MAIL CENTER Office Use Only
1. NAME OF COMMITTEE (in full	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Rafael Dagn	esses for Congress 2014	
ADDRESS (number and s	(65 W. Easy Street, Suite 102	
(Check if addre is changed)	ss Simi Valley	CA 93065
	СІТҮ	STATE ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mail address)	
CÔMMITTEE'S WEB PA	GE ADDRESS (URL)	
2. DATE 11	5 2013	
3. FEC IDENTIFICAT		
I certify that I have exam	nined this Statement and to the best of my knowledge and belief it i	is true, correct and complete.
Type or Print Name of Ti	Bryan Burch	P
Signature of Treasurer	Esc.	Date 11 (05) (2013)
	Cerroneous, or incomplete information may subject the person signing th ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use Only itset	For further information co Federal Election Commission Toll Free-800-424-9530	ntact: FEC FORM 1
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FEC Form 1 (Revised 02/2009) Page 2 TYPE OF COMMITTEE Candidate Committee: X (a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Rafael Dagnesses Candidate Candidate State Office Party Affiliation President Sought: House Senate District This committee supports/opposes only one candidate, and is NOT an authorized committee. (C) Name of Candidate **Party Committee:** (National, State (Democratic, This committee is a (d) or subordinate) committee of the 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 w/o Capital Stock Labor Organization Corporation Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party (f) committee. (i.e., nonconnected committee) In addition, this committee is a Lebbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (g) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (h) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser FEC ID number 1. FEC ID number C 2 FEC ID number 3 FEC ID number

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Write or Type Committee Name	02/2009)e	<u> </u>		Page 3	
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Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional)	of the treasurer of the	committee; and	the name and addre	ess of
Full Name of Treasurer	Burch				I
Mailing Address	1022 G Street	<u> </u>			
	Sacramento			5814	
Title or Position	CITY		STATE	ZIP CODE	
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FEC For	n 1 (Revised	d 0.2/2009)	•				Page 4
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