Image# 14942398925				08/01/2014 14 : 29
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
		Example If the international		e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Pete Aguilar for	Congress			
ADDRESS (number and street)	PO Box 10954			
(Check if address is changed)				
	San Bernardino └────────────────────────────────────		CA 92423 STATE ▲	
Committee's E-mail addf	ESS			
(Check if address is changed)	pete@peteaguilar.com			
	Optional Second E-Mail Ad	dress		
(Check if address is changed)	http://www.peteaguilar.com			
	01 / Y Y Y Y 2014			
3. FEC IDENTIFICATION I	NUMBER ► C c	00510461		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasu	rer Jon Fenster			
Signature of Treasurer Jon	Fenster	[Electronically Filed]	Date 08	01 / Y Y Y Y 01 2014
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion <b>F</b>	EC FORM 1 (Revised 06/2012)

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	F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
			OMMITTEE	
	Cano	didate	e Committee:	
	(a)	$\times$	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)	lete the candidate
	Name Candi		Pete Aguilar	
	Candi Party	date Affiliatio	on DEM Office Sought: X House Senate President	State CA District 31
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	y Con	nmittee:	
	(d)			Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
·	Joint	Fund	Iraising 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.	or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

## Pete Aguilar for Congress

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

	y Fund																		
Mailing Address		PO Box 10954	<b>4</b> 																
		San Bernardir	no								CA		9242	23					
				CITY						S	TATE				ZIP	COE	θE		
Relationship:	Connected	Organization	Affiliat	ed Con	nmittee	• ×	Joint	Fund	Iraisin	g Rep	oreser	ntativ	e	Lea	Iders	hip f	PAC	Spo	nsc
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			address (p	ohone r	numbe	r o	ptiona	II) and	d pos		of the	pers	on in	pos	sess	ion (	of co	omm	itte
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books and record Full Name	ds.	r 	 4 	bhone r	1umbe	r o	ptiona	il) and	d pos	<u>                                     </u>	of the	pers	on in		sess				
books and record Full Name	ds.	PO Box 1095	4 	ohone r		r o	ptiona	I) and		<u>                                     </u>		pers	<u> </u>	23	ZIP			>mm	

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Jon Fenster
Mailing Address	PO Box 10954
	San Bernardino CA 92423   - - - -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

Full Name of Designated Agent	Jennifer May											
Mailing Address	PO Box 1095	4										
	San Bernardi	no 							CA	92423		
		(	CITY						STATE		ZIP CODE	
Title or Position	ırer │					Telepł	none	numt	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	303 North D St	
	San Bernardino	CA
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE