For future correspondence, I have amended our Statement of Organization with a new address that I have access to receive such correspondence so that we may quickly resolve these issues.

Furthermore, we will begin moving towards termination as a committee, as the committee's activities have been inactive for months. It has not received any receipts since June of 2017. The PAC will be instructed to cease disbursements immediately.

Sincerely,

Ryan A. Valencia

Former Treasurer

805 - 587 - 6287

2017 - 10 - 02 - 03 - 00174975

FEC FORM 1

STATEMENT OF ORGANIZATION

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			1 V OHIO OHIO	
. NAME OF COMMITTEE (in full)		cample: If typing, type er the lines.	12FE4M5	
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OMMITTEE'S E-MAIL ADDRE	SS			! •
(Check if address is changed)	lryanavalena	i aegmail	· C O M	ــــــــــــــــــــــــــــــــــــــ
	Optional Second E-Mail Address			I
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. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		ALL ELE DISCLE VISION
certify that I have examined th	is Statement and to the best of my	knowledge and belief it	is true, correct and complete.	SURE
ype or Print Name of Treasure	Rya	n Vale	ncia	<u> </u>
Signature of Treasurer		<i>>></i>	Date 09 '26	20.17
IOTE: Submission of false, errone	ous, or incomplete information may s ANY CHANGE IN INFORMATION S			52 J.S.C. §30109.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530	EEL EL	· _

	FEC For	rm 1 (Revised 02/2009) Pag	¦ ∣e Ź			
5. TYPE OF COMMITTEE Candidate 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. (Complete the candidate information below.)				
	Name of Candidate	<u> </u>	لييث			
	Candidate Party Affiliation	on Office State Sought: House Senate President District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Con		4 £			
	(d)	This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party			
	Political A	ction Committee (PAC):	4			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:			
		Corporation Corporation w/o Capital Stock Labor Or	, gan zation			
		Membership Organization Trade Association Cooperat	ive r			
		In addition, this committee is a Lobbyist/Registrant PAC.	4 •			
	(f) <u>\sqrt{1}</u>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee. (i.e., nonconnected committee)	und or party			
		In addition, this committee is a Lobbyist/Registrant PAC.	•			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	* "			
	Inima Franci	desire Poursontative	*			
		Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more;	nolitaal			
	(g)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	l			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	political			
	Com	mittees Participating in Joint Fundraiser	,			
	1.	FEC ID number	~ '			
	2.	FEC ID number				
	3.	FEC ID number				
	4					

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FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar	ne	1
	PATHWAY TO PROGESS	Į į
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	nip PAC Sponsor
·		
	<u> </u>	
Mailing Address		
Maining / Mainoso		
		
		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the person in pos-	session of committee
		\$ •
Full Name		
Mailing Address		
T		
Title or Position	CITY STATE 2	ZIP CODE
	Telephone number	لـــــــــــــــــــــــــــــــــــــ
		<u> </u>
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the nar , assistant treasurer).	ne and address of
Full Name of Treasurer	N VALENCIA	
Mailing Address	[2,4,7,0, MAR, I, I, S, T, , , , , , , , , , , , , , , , ,	
		,
	SIMI VALLEY LEY 193,00	6.51-1
		ZIP CODE
Title or Position	י וארארו ול	
TIRIFIA SIOIRIEIR	Telephone number $\lfloor b_1 o_1 b_2 \rfloor - \lfloor b_1 \rfloor$	87-6277

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CITY

STATE

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Full Name of

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Kyan Valencia 2470 Mariest

Federal Election Commission Washington, DC 20463 999 E St., NW

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PREPAREŘ (3/2015)	DATE PREPARED			