303107098

STATEMENT OF **ORGANIZATION**

MAYIG AHII: 18

FURIVI I					Office Use Only
1. NAME OF COMMITTEE (in for	ull)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	EC HAIL CENTER
ELOISE GO	MEZ	REYES FOR	CONGRESS	1.1.1.1.1.	
ADDRESS (number and	street)	P.O. Box 114	87		
(Check if add is changed)	ress	San Bernardi	no	CA	92423 1487
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL (Check if ac is changed)	ddress	S (Please provide only one EloiseForCor	e-mail address) ngress@gmail.d	com,	
COMMITTEE'S WEB P (Check if ad is changed)		RESS (URL) EloiseForCor	ngress.com		
2. DATE 05"	′ 8 .	2013 °			
3. FEC IDENTIFICA	ITION NU	MBER C			
4. IS THIS STATEME	ENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have exa	amined this	s Statement and to the bes	st of my knowledge and belie	f it is true, correct	and complete.
Type or Print Name of	Treasurer	William P. S	mith, CPA		
Signature of Treasurer	_6_	Cultura ! -	lines	Date 05	' ' 09° ' 2013 `
NOTE: Submission of fal		•	n'may subject the persomsignin	-	the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission	FEC FORM 1 (Revised 02/2009)

_				
	FEC Fo	rm 1 (Revised 02/2009)	Page 2	
TYF	PE OF C	OMMITTEE		
Ca	ndidate	e Committee:		
(a)	\times	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.)	plete the candid	date
	ne of ndidate	ELOISE GOMEZ REYES	_ 	
	Candidate Party Affiliation	DEM Office [7]	State	CA
Pari		on DEM Sought: X House Senate President	District	31
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	ne of ndidate		1111	
Pa	rty Con	nmittee:		
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc	.) Party.
Pol	litical 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 organiza	ution is a
		Corporation: Corporation w/o Capital Stock	Labor Organia	zation
		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 secommittee. (i.e., nonconnected committee)	gregated fund	or party
		In addition, this committee is a Lobbyist/Registrarit PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor an line 6.)		
Joi	nt Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more politi	cai
(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 politic	cal
	Com	mittees Participating in Joint Fundrainer		
	1.		• . • . •	
	2.	FEC ID number C		

FEC ID number C

FEC ID number C

3.

Write or Type Committee Nam	me							
ELOISE GOMEZ REYES FOR CONGRESS								
6. Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon	180r						
Mailing Address								
	CITY STATE ZIP CODE							
Relationship: Connecte	ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	Sponsor						
 Custodian of Records: Idea books and records. 	lentify by name, address (phone number optional) and position of the person in possession of co	mmittee						
Full Name Willia	am P. Smith, CPA	لـــــا						
Mailing Address	38605 Calistoga Drive, Suite 120							
		لــــــا						
	Murrieta CA 92563 - CA							
Title or Position	CITY STATE ZIP CODE							
Treasurer	Telephone number 951, - 461, - 597	71						
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the name and addre ., assistant treasurer).	ess of						
Full Name Willia of Treasurer	am P. Smith, CPA	لـــــا						
Mailing Address	38605 Calistoga Drive, Suite 120	لــــــا						
		لـــــا						
	Murrieta CA 92563 - STATE ZIP CODE	لــــــــــــــــــــــــــــــــــــــ						
Title or Position Treasurer	Telephone number 951 - 461 - 597	71						

Name of Bank, Depository, etc.

4

07098

M]

M

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2005)