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STATEMENT OF **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. Friends of Raymond Meza 1630 R Street NW Apt 608 ADDRESS (number and street) (Check if address is changed) Washington 20009 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS matthew.k@gmail.com (Check if address is changed) Optional Second E-Mail Address info@raymondmeza,com COMMITTEE'S WEB PAGE ADDRESS (URL) raymondmeza.com (Check if address is changed) DATE 2016 C00630244 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Kaczmarek, Matthew, Dean, , Type or Print Name of Treasurer Kaczmarek, Matthew, Dean, , [Electronically Filed] 06 2017 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

	FEC Fo	orm 1 (Revised 02/2009)	Page 2	
		COMMITTEE		
	didate	e Committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) Nam	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	ne candidate	
	lidate	Meza, Raymond, Anthony, , Jr.		
	lidate ⁄ Affiliati	tion DEM Sought: X House Senate President	ate CA strict	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	ound:	
Nam Cand	e of lidate			
Par	ty Con	mmittee:		
(d)		This committee is a (National, State (Demo	cratic, lican, etc.) Party.	
Poli	tical A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi			
		Corporation Corporation w/o Capital Stock Labo	r Organization	
		Membership Organization Trade Association Coop	perative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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.)		
Join	t Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political	
	Com	nmittees Participating in Joint Fundraiser		
	1.			
	2.			
	3.			
	٥.			
	4.			

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Write or Type Committee N		<u> </u>
Friends of Ra	aymond Meza	
	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	marek, Matthew, Dean, ,	
Full Name	1630 R Street NW Apt 608	
Mailing Address		
	Washington	20009
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	597 - 5853
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer).	and the name and address of
Full Name Kaczn of Treasurer	narek, Matthew, Dean, ,	
Mailing Address	1630 R Street NW Apt 608	
	Washington	20009
Title on Desirie	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	10 597 5853

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1_1 1
	Telephone number	
	Amalgamated Bank	
Mailing Address	1825 K Street NW Washington DC 2000	06
Mailing Address	Washington DC 2000	
Mailing Address		D6 ZIP CODE
Mailing Address Name of Bank, I	Washington DC 2000	
	Washington DC 2000	ZIP CODE
	Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, [Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, [Washington CITY STATE Depository, etc.	ZIP CODE