## 13031104087

**FEC** FORM 1

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

2013 AUG -5 AM 11: 16

FEC MAIL CENTER

(Revised 06/2012)

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
COMMITTEE (III Idn)	. is changed)	over the intes.	
I-Chinese	American P	obitical A	ction Committee
<u></u>			
ADDRESS (number and street)	1/3/3/E/LAS	Tunas Dr.	
(Check if address is changed)		<u> </u>	
<b>3</b> -,	San Gabri	el	[CA 91/276]-
	CITY ▲		STATE ▲ / ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS		
<ul><li>(Check if address is changed)</li></ul>	Victorgau	emsnicom	
	Optional Second E-Mail Add	Iress	
•			<del></del>
COMMITTEE'S WEB PAGE AL	DDRESS (URL)		
(Check if address is changed)	WWW- Gapac	u.s.a1089	
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2. DATE 0 7 3	% 20/3		
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3. FEC IDENTIFICATION N	IUMBER ▶ C 0	0345439	
4. 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 i	t is true, correct and complete.
Type or Print Name of Treasur	er Victor -	Gau	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\wedge$	M M / D D / V V V
Signature of Treasurer	VM	LW	Date $6$ $\stackrel{\text{N}}{>}$ $\stackrel{\circ}{3}$ $\stackrel{\circ}{1}$ $\stackrel{\circ}{\rightarrow}$ $\stackrel{\circ}{0}$ $\stackrel{\circ}{1}$ $\stackrel{\circ}{3}$
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use		For further information Federal Election Commiss	contact: FFC FORM 1

Toli Free 800-424-9530 Local 202-694-1100

	FEC For	m 1 (Revised 02/2009)				Page 2	
		DMMITTEE					
Can	didate	Committee:					
(a)		This committee is a principal campaig	n committee. (Comp	lete the candidate in	formation below	<i>i.</i> )	
(b)	·	This committee is an authorized comminformation below.)	nitteo, and is NOT a	principal campaign	committee. (Co	mplete the candid	ate
Name Cand	e of lidate			<del>                                     </del>	<del>                                     </del>		
	lidete	Office				State	
Party	Affiliation	n Sought:	House	Senate	President	District	
(a)		This converted and the contract of the contrac		l in NOT on outboxin		Dio. inot	
(c)	4	This committee supports/opposes only	one candidate, and	i is NOT an authoriz	ea committee.		
Name Cand	e of lidate		1			1 1 1 1 1	
Pari	ly Com	mittee:					
	.y ~~		(National, State			(Democratic,	<b>.</b>
(d)		This committee is a	or subordinate) c	ommittee of the		Republican, etc.	) Party.
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a suparate segrega	ited fund. (Identify co	nnected organization	on line 6.) Its co	onnected organiza	tion is a:
		Corporation	Corpor	ation w/o Capital Sto	ock	Labor Organiz	ation
		Momborphip Organization	Trade	Asseciation		Cooperative	
		Membership Organization	iraee .	ASSECIATION		Cooperative	
		In addition, this commit	tee is a Lobbyist/Req	jistrant PAC.			
<b>(f)</b>	×	This committee supports/opposes mo committee. (i.e., nonconnected commit	re than one Federal tee)	candidate, and is N	OT a separate	segregated fund o	or party
		In addition, this committee is a	Lobbyist/Registrant (	PAC.			
		In addition, this committee is a	Leadership PAC. (Id	entify sponsor on line	6.)		
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, p committees/organizations, at least one					al
(h)		This committee collects contributions, p committees/organizations, none of which				two or more politic	al
	Com	mittees Participating in Joint Fundr	aiser				
				FEC ID nu	ımber <b>C</b>		1 - 1
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Write or Type Committee N	sed 02/2009) Page <b>3</b>
	nerican Political Action Committee
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
5. Name of Any Connect	eo Organization, Anniated Committee, John Fundraising Representative, of Leadership FAC Sponsor
Mailing Address	
•	
	CITY STATE ZIP CODE
Salakarakia Gara	Affiliated Committee Decomplete D
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spont
<ul> <li>Custodian of Records: books and records.</li> </ul>	Identify by name, address (phone number optional) and position of the person in possession of committees.
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Full Name Vi	cton Gau
Full Name Viri	17309 Alexandra Gir.
	1/7/3/0/9 A Lexandra Cir.
	CFON GAN  1/7/309 A Lexandra Cir.  Cernitos  CAI 90703-
	117309 Alexandra Gir.
Mailing Address  Title or Position	CIENTITIOS  CITY STATE ZIP CODE
Mailing Address	CIENTITIOS  CITY STATE ZIP CODE
Mailing Address  Title or Position	CIEVANDA CIA GONOS-LIPONOS-LIPODE  CITY STATE ZIP CODE  Telephone number 9511-232-470
Mailing Address  Title or Position	CIEVATION CALLOS IN CODE  CITY STATE ZIP CODE  Telephone number 9511-232-47.0  e and address (phone number optional) of the treasurer of the committee; and the name and address of
Title or Position  Treasurer: List the nam any designated agent (e	CIEVATAR CITY STATE ZIP CODE  Telephone number 9511-232-47.0  e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Title or Position  Treasurer: List the nam any designated agent (e	CITY STATE ZIP CODE  Telephone number 9511-232-470  e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Title or Position  Treasurer: List the name any designated agent (e. Full Name	CIEVATAR CITY STATE ZIP CODE  Telephone number 9511-232-47.0  e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Title or Position  Treasurer: List the name any designated agent (effective for the following states and the following states are the following states and the following states are the following st	CITY STATE ZIP CODE  Telephone number 9511-232-470  e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Title or Position  Treasurer: List the name any designated agent (effective for the following states and the following states are the following states and the following states are the following st	CIEVATION CALLENANDA CIA GONTAL CALLENANDA CITY STATE ZIP CODE  Telephone number   951/1-   232 - 4470  e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).  CHON GON ALEXANDA CITA.  CENTILO C. STATE  CONTINUE C. STATE
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Title or Position  Treasurer: List the name any designated agent (e.e., Full Name of Treasurer  Mailing Address	CIENTITIOS  CITY  STATE  CITY  STATE  ZIP CODE  Telephone number  PISI/I- 3321-4710  e and address (phone number optional) of the treasurer of the committee; and the name and address of i.g., assistant treasurer).  CITY  STATE  ZIP CODE  CITY  STATE  ZIP CODE

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Full Name of Designated			
Agent	<del>                                      </del>		
Mailing Address		1-1-1-1	
			1
	CITY	STATE	ZIP CODE
Title or Position	<u>.</u>		
	Telephone n	umber	
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(7/2013)

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