

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 FEB 27 AM 9:09
FEDERAL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CAMPOS FOR CONGRESS

ADDRESS (number and street)

4229 REDLINE DRIVE

(Check if address
is changed)

LAKWOOD

CA

90713

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

VOTE@BENJAMINCAMPOS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.BENJAMINCAMPOS.COM

2. DATE

01 30 2012

3. FEC IDENTIFICATION NUMBER

C H2CA38237

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 it is true, correct and complete.

Type or Print Name of Treasurer

TRACY CAMPOS

Signature of Treasurer

Date

01 30 2012

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030750116

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: REP DEM IND LIB OTH

Office Sought: House Senate President

State: AL AK AZ AR CA CO CT DE DC FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NE NH NJ NM NV NY NC ND OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C_____
2.	_____	FEC ID number	C_____
3.	_____	FEC ID number	C_____
4.	_____	FEC ID number	C_____

12030750117

Write or Type Committee Name

CAMPOS FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

G7, CERTIFIED PUBLIC ACCOUNTANTS, INC.

Mailing Address

8001 IRVINE CENTER DRIVE, 4TH FLOOR

IRVINE

CA

92618

Title or Position

CITY

STATE

ZIP CODE

ACCOUNTANT

Telephone number

800

376

8787

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

Full Name of Treasurer

TRACY ANN CAMPOS

Mailing Address

8001 IRVINE CENTER DRIVE, 4TH FLOOR

IRVINE

CA

92618

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

800

376

8787

12030750118

Full Name of Designated Agent

G7 CERTIFIED PUBLIC ACCOUNTANTS, INC.

Mailing Address

8001 IRVINE CENTER DRIVE, 4TH FLOOR

IRVINE CA 92618

CITY

STATE

ZIP CODE

Title or Position

DESIGNATED AGENT

Telephone number

800 - 376 - 8787

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.

FARMERS & MERCHANTS BANK

Mailing Address

5101 LAKEWOOD BOULEVARD

LAKEWOOD CA 90712

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030750119

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
2/13/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

Amw

PREPARER

2/27/12

DATE PREPARED

(3/2005)

12030750120