FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOSEPH LUIZ GONZAGA 2158 TABLE ROCK RD APT 28 ADDRESS (number and street) (Check if address is changed) **MEDFORD** 97501 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jlgtreasurer@yahoo.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00840389 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 GONZAGA, JOSEPH, LUIZ, , GONZAGA, JOSEPH, LUIZ, , Date 05 20 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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TYPE OF COMMITTEE:						
Candidate Committee:						
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)						
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate GONZAGA, JOSEPH, LUIZ, ,						
Candidate Party Affiliation Office Sought: House Senate President	State District					
(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 Republican,	•					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:					
Corporation Corporation w/o Capital Stock Labor O	rganization					
Membership Organization Trade Association Coopera						
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.)						
(g) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) 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.						
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						
1C						

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٧	Vrite or Type Committee Name				
	JOSEPH LUIZ G	ONZAGA			
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint	Fundraising Representati	ive, or Leadership PAC Sponsor	
	NONE				
	Mailing Address				
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	entative Leadership PAC Sponso	
7.	 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. 				
	GONZAGA Full Name	, JOSEPH, LUIZ, ,			
	Mailing Address	2158 TABLE ROAD APT 28			
		MEDFORD	OR	97501	
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number	541 - 499 - 0597	
8.	any designated agent (e.g., a	·	the treasurer of the commi	ttee; and the name and address of	
	Full Name GONZAGA of Treasurer	, JOSEPH, LUIZ, ,			
	Mailing Address	2158 TABLE ROAD APT 28			
		MEDFORD	OR	97501	
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Title or Position ▼				
	JOSEPHLGONZAGA TREAS		Telephone number	541 - 499 - 0597	

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Full Name of Designated Agent	GONZAGA, JOSEPH, LUIZ, ,		
Mailing Address	2158 TABLE ROCK RD APT 28		
	MEDFORD	OR	97501
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position PRINCIPAL,TRE		number 54	1 - 499 - 0597
	Depositories: List all banks or other depositories in which the commes or maintains funds.	mittee deposits fu	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	WELLS FARGO		
Mailing Address	7445 CRATER LAKE HWY		
	MEDFORD	OR	97501
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲