

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JOSEPH LUIZ GONZAGA

ADDRESS (number and street)

2158 TABLE ROCK RD APT 28

☐ (Check if address is changed)

MEDFORD

CITY ▲

OR

STATE ▲

97501

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

jlgtreasurer@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
05 / 01 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00840389

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 GONZAGA, JOSEPH, LUIZ, ,

Signature of Treasurer GONZAGA, JOSEPH, LUIZ, ,

Date

MM / DD / YYYY  
05 / 20 / 2025

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

C

Write or Type Committee Name

JOSEPH LUIZ GONZAGA

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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 GONZAGA, 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. 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 GONZAGA, 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

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, TREASURER

Telephone number

541

499

0597

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.

WELLS FARGO

Mailing Address

7445 CRATER LAKE HWY

MEDFORD

OR

97501

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲