

**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

Lofgren for Congress

ADDRESS (number and street)

c/o Contribution Solutions, LLC

- ☐ (Check if address is changed)

1346 The Alameda #7-380

San Jose

CITY ▲

CA

STATE ▲

95126

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☐ (Check if address is changed)

almaycastillo@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

11 / 09 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00289603

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 Fredkin, Mark, B., ,

Signature of Treasurer Fredkin, Mark, B., ,

[Electronically Filed]

Date

11 / 09 / 2022

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  
Only

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

**FEC FORM 1**  
(Revised 06/2012)

## 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 Lofgren, Zoe, , ,

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State CA District 18

- (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.)

- (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 PAC).

☐ 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.
- (j) ☐ 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. \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

## Lofgren for Congress

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

Lofgren Victory Fund

Mailing Address

c/o Contribution Solutions, LLC

1346 The Alameda #7-380

San Jose

CA

95126

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

Solutions, LLC, Contribution, , ,

Mailing Address

1346 The Alameda #7-380

San Jose

CA

95126

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

408

673

1030

## 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

Fredkin, Mark, B., ,

Mailing Address

c/o Contribution Solutions, LLC

1346 The Alameda #7-380

San Jose

CA

95126

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

408

673

1030

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

Comerica Bank

Mailing Address

333 W. Santa Clara Street

San Jose

CA

95113

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Removal of secondary bank.

Form/Schedule:

Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

|    |  |               |   |
|----|--|---------------|---|
| 1. |  | FEC ID number | C |
| 2. |  | FEC ID number | C |
| 3. |  | FEC ID number | C |
| 4. |  | FEC ID number | C |

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

Zoe 2022

|                                                 |                                               |                                                                      |                                                 |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|
| Mailing Address                                 | c/o Contribution Solutions, LLC               |                                                                      |                                                 |
|                                                 | 1346 The Alameda #7-380                       |                                                                      |                                                 |
|                                                 | San Jose                                      | CA                                                                   | 95126                                           |
| Relationship:                                   | CITY ▲                                        | STATE ▲                                                              | ZIP CODE ▲                                      |
| <input type="checkbox"/> Connected Organization | <input type="checkbox"/> Affiliated Committee | <input checked="" type="checkbox"/> Joint Fundraising Representative | <input type="checkbox"/> Leadership PAC Sponsor |

8. **Designated Agent:** Identify by name, address (phone number – optional)

|                     |                      |         |            |
|---------------------|----------------------|---------|------------|
| Full Name           |                      |         |            |
| Mailing Address     |                      |         |            |
|                     |                      |         |            |
|                     |                      |         |            |
| TITLE OR POSITION ▼ | CITY ▲               | STATE ▲ | ZIP CODE ▲ |
|                     | Telephone Number - - |         |            |

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,<br>Depository, etc. |        |         |            |
| Mailing Address                   |        |         |            |
|                                   |        |         |            |
|                                   |        |         |            |
|                                   | CITY ▲ | STATE ▲ | ZIP CODE ▲ |