FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Chicago Latino F	Public Affairs Com		
ADDRESS (number and street)	30 W Monroe Street		
(Check if address is changed)	Suite 630		
	Chicago └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └		$\begin{bmatrix} IL \\ 060603 \\ I \\ STATE $
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	htristan@tristancervantes	s.com	
	Optional Second E-Mail Addre	955 	
COMMITTEE'S WEB PAGE AU	DDRESS (URL)		
	D / Y Y Y Y 2018		
3. FEC IDENTIFICATION N	IUMBER ► C COO	673251	
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	s true, correct and complete.
Type or Print Name of Treasur	er Tristan, Homero, , ,		
Signature of Treasurer	tan, Homero, , ,	[Electronically Filed]	Date 03 / D D / Y Y Y Y 2018
NOTE: Submission of false, error	neous, or incomplete information ma ANY CHANGE IN INFORMATION		is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100	

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TYP	E OF C	OMMITTEE	
Can	ndidate	e 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. (Com information below.)	plete the candidate
Nam Cano	ne of didate		
	didate y Affiliat	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ne of didate		
Par	ty Cor	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
		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 se committee. (i.e., nonconnected committee)	egregated fund or part
		X In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Chicago Latino Public Affairs Committee

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

Mailing Address									
	CITY	STATE	ZIP CODE						
Relationship: Connecte	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor								
books and records.	ntify by name, address (phone number opti	onal) and position of the perso	in in possession of committee						
Tristan, H	omero, , ,								
Mailing Address	30 W Monroe St								
	Suite 630								
	Chicago		60603						
Title or Position	CITY	STATE	ZIP CODE						
		Telephone number							

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	Tristan, Homero, , ,		
Mailing Address	30 W Monroe St		
	Suite 630		
			60603
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	

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Full Name of Designated Agent																	1				1				
Mailing Address																									
				1														L							
						С	ITY								STA	ΤE				ZII	> C	OD	Е		
Title or Position																									
										Tele	eph	one	e ni	ımb	ber		1								

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.

JPMor	gan Chase Bank, NA		
Mailing Address	10 S Dearborn St.		
	Chicago		60670
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Wintru	st Bank		
	231 S LaSalle Street		1
Mailing Address			
	Chicago		60604
	CITY	STATE	ZIP CODE