

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
FEC MAIL CENTER

2018 NOV 10 Office Use Only 50

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

B R A V O A G G R O U P P O L I T I C A L A C T I O N C O M M I T T E E I N C

ADDRESS (number and street)

1 6 0 7 S I M P S O N S T R E E T

(Check if address
is changed)

K I N G S B U R G

CITY ▲

C A

STATE ▲

9 3 6 3 1 -

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

N O E 2 C I S N E R O S 6 6 1 @ M E . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

1 1 / 0 8 / 2 0 1 8

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 7 1 2 4 0

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

NOE CISNEROS, JR.

Signature of Treasurer

Date

1 1 / 0 8 / 2 0 1 8

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

FEC FORM 1
(Revised 06/2012)

2018 NOV 10 10:50 AM

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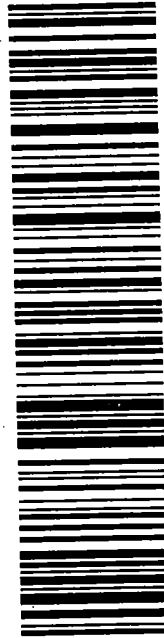
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PREPARER
(3/2015)



11/13/18
DATE PREPARED

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