

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 AJEJAZI (RAJJI) RAB

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 30

- (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

NON-FEDERAL CAMPAIGN FINANCING

Write or Type Committee Name

RAB FOR CONGRESS COMMITTEE

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

LAURA STAMARIA

Mailing Address

117015 VENTURA BLVD
CAMPAIGN SECTION
ENCINO CA 91316

Title or Position

CITY

STATE

ZIP CODE

BODILY KEEPER

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

AJAZI (RAJI) RAB

Mailing Address

117015 VENTURA BLVD
CAMPAIGN SECTION
ENCINO CA 91316

Title or Position

CITY

STATE

ZIP CODE

TREASURER

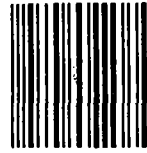
Telephone number

NON-PROFIT ORGANIZATION

JAZ (RAJI) RAB
015 Ventura Blvd.
mpaign section
cino, CA 91316



1000



20463

U.S. POSTAGE
PAID
ENCINO, CA
91316
JUL 08, 15
AMOUNT
\$5.09

00103951-22

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL



7015 0640 0000 0469 7827

FEDERAL ELECTION COMMISSION
999 E Street, NW
Washington, DC 20463

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

