## 2018 - 06 - 18 - 05 - 00214201

FEC FORM 1

## STATEMENT OF ORGANIZATION

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Office Use Onl

			Office Use Only				
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
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	107 605	En (424)	1,7				
ADDRESS (number and street)	10000	AN WIN H					
(Check if address is changed)	ARIEM		STATE A ZIP CODE				
COMMITTEE'S E-MAIL ADDRE	ESS /	a A	_	, ,			
(Check if address	BERNALFO	OR COMPRESS.	2018 QG MAIL	.Con			
	Optional Second E-Mail Ad	ddress	en e				
e e	ser is.		$\frac{A(x_0 + y_0) + x_0}{A(x_0 + y_0)} = \frac{A(x_0 + y_0)}{A(x_0 $				
COMMITTEE'S WEB PAGE AD	DRESS JURL)	1 1 1	150 D-10 Ac	11			
☐ ◀ (Check if address is changed)	DERNAL	ron congl	LS 2010 C				
		<u> </u>					
2. DATE DE 09 2018							
3. FEC IDENTIFICATION NUMBER   CO6673777							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined to	his Statement and to the bes	of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasurer DAVID HELDANDEZ							
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Signature of Treasurer	SUULL XIVIN		Date OP OT	1201			
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		For further information co Federal Election Commission	DO FEC FUNIVI				
Only .	the transfer of the second of the	Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)				
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TYP	E OF C	ОММІТТЕЕ			
Can	didate	Committee:			
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	ı.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate		
Nam Cano	e of lidate	BENITO BERNAL	<del></del>		
	lidate Affiliatio	Office Sought: House Senate President	State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	,		
Name Cand	e of lidate				
Parl	ty Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization				
	_	Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(1)		<b>-</b>			
(1)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund 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.)			
	• Eunal	raining Donroomtativa			
	r runa	raising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.	FEC ID number			
	3.	FEC ID number			
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or Type Committee Name

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Full Name of

SANTA CLARITA

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nax	6/18/2018			
PREPARER ///	DATE PREPARED			
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