FEC FORM 1		STATEMEN ORGANIZA			PAGE 1 / 4
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Unidos We	Win F				
ADDRESS (number a	nd street)	1515 East Lake Street, Ste 202	2		
(Check if a is changed					
, i i i i i i i i i i i i i i i i i i i		Minneapolis │ │ │ │ │ │ │ │ │ │ │ CITY ▲		LMN STATE ▲	55407
COMMITTEE'S E-MA		SS			
★ (Check if a is changed)		emilia@navigatemn.org			
Ū	,	Optional Second E-Mail Addr	ress		
COMMITTEE'S WEB	address	<pre>>RESS (URL)</pre>			
2. DATE 10		D / Y Y Y Y 2022			
3. FEC IDENTIFIC	CATION NU	JMBER ► C coo	0759134		
4. IS THIS STATE	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best o	of my knowledge and belief it	is true, correct a	and complete.
Type or Print Name	of Treasurer	Gonzalez Avalos, Emilia, , ,			
Signature of Treasure	er <i>Gonza</i>	lez Avalos, Emilia, , ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 15 / 2022
NOTE: Submission of	false, errone	eous, or incomplete information m ANY CHANGE IN INFORMATI			
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202210159532684218

10/15/2022 11 : 11

EC Form 1 (Revised 03/2022)	Page 2
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 t information below.)	he candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democrat (d) This committee is a or subordinate) committee of the Republican	ic, n, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Cooper	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) X 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 F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political

(i) 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.	L															C	
2.	L															C	

-

Relationship:

	FEC Form 1 (Revised 0)2/2	2009	Э)																												Pa	ge	3		
٧	Write or Type Committee Name		,	,																															,	
	Unidos We Wir	n I	P	Α(С																															
6.	Name of Any Connected O	rga	niz	atio	on,	Af	filia	ateo	i C	orr	nmi	ttee	e, .	Joi	nt	Fu	nd	rai	sin	g l	Rep	ore	ser	nta	tive	e, O	r L	.ea	der	shi	рI	PAC	S	ро	nso	r
	Mailing Address	L																																		

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

CITY

Affiliated Organization

Connected Organization

Gonzalez	Avalos, Emilia, , ,	
Full Name		
Mailing Address	1515 East Lake Street, Ste. 202	
	Minneapolis	MN 55407 –
	CITY 🔺	STATE ▲ ZIP CODE ▲
Title or Position ▼		
Treasurer		none number $\begin{bmatrix} 612 \\ 1 \end{bmatrix} = \begin{bmatrix} 501 \\ 1 \end{bmatrix} = \begin{bmatrix} 6629 \\ 1 \end{bmatrix}$

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	Gonzalez Avalos, Emilia, , ,
of Treasurer	
Mailing Address	1515 East Lake Street, Ste. 202
	Minneapolis MN 55407
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1 (Revised 0)	2/2009)	Page 4
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.

Firefly	Credit Union		
Mailing Address	2535 27th Ave S		
	Minneapolis	MN 55406	6
	CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE