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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CEGUERA FOR CONGRESS 3259 E. WARM SPRINGS ROAD ADDRESS (number and street) (Check if address is changed) LAS VEGAS 89120 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS john@johnoceguera.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.johnoceguera.com (Check if address is changed) DATE 2012 C00499962 FEC IDENTIFICATION NUMBER > 3. X 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. MICHAEL CLARK Type or Print Name of Treasurer MICHAEL CLARK [Electronically Filed] 09 12 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530 Only Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name o	of.	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Candida		JOHN OCEGUERA	
Candida Party A		on DEM Office Sought: X House Senate President	State NV District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Com	nmittee: (National, State	(Democratic,
(d)		· · · · ·	Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Wo 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.		
	4		

SILVER STATE VICTORY 2012 Mailing Address 3259 E WARM SPRINGS ROAD LAS VEGAS NV 89120 CITY STATE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	ZIP CODE Leadership PAC Sponsor
OCEGUERA FOR CONGRESS 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leads SILVER STATE VICTORY 2012 Mailing Address 3259 E WARM SPRINGS ROAD CITY STATE Relationship: Connected Organization Affiliated Committee Sound Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name BRITTANY SHIPP Full Name	ZIP CODE Leadership PAC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead. SILVER STATE VICTORY 2012 Mailing Address 3259 E WARM SPRINGS ROAD LAS VEGAS CITY STATE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Dooks and records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name BRITTANY SHIPP Full Name	ZIP CODE Leadership PAC Sponsor
Mailing Address CITY STATE	ZIP CODE Leadership PAC Sponsor
Mailing Address LAS VEGAS CITY STATE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	ZIP CODE Leadership PAC Sponsor
Mailing Address LAS VEGAS CITY STATE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	ZIP CODE Leadership PAC Sponsor
CITY STATE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	ZIP CODE Leadership PAC Sponsor
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	Leadership PAC Sponsor
books and records. BRITTANY SHIPP Full Name 3259 E. WARM SPRINGS ROAD	possession of committee
Full Name3259 E. WARM SPRINGS ROAD	
3259 E. WARM SPRINGS ROAD	
Mailing Address	
LAS VEGAS NV 8912)
Title or Position CITY STATE	ZIP CODE
DIR OF OPERATIONS Telephone number 702 -	480 - 6910
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name MICHAEL CLARK of Treasurer	
Mailing Address 3259 E. WARM SPRINGS ROAD	
LAS VEGAS NV 89120	
CITY STATE Title or Position TREASURER TITURE TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER	ZIP CODE 452 4800

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	L	ZIP CODE
Title or Position			
	Telephon	ne number	
WE	ELLS FARGO		
Mailing Address	ELLS FARGO 1707 W. CRAIG ROAD		
		NV 89	1032
	1707 W. CRAIG ROAD	NV 89	032 ZIP CODE
Mailing Address	NORTH LAS VEGAS CITY		
Mailing Address Name of Bank, Deposit	NORTH LAS VEGAS CITY		
Mailing Address Name of Bank, Deposit	1707 W. CRAIG ROAD NORTH LAS VEGAS CITY tory, etc.	STATE	
Mailing Address Name of Bank, Deposit	1707 W. CRAIG ROAD NORTH LAS VEGAS CITY tory, etc.	STATE	
Mailing Address Name of Bank, Deposit	tory, etc. NK OF AMERICA 730 15TH STREET NW	STATE	ZIP CODE
Mailing Address Name of Bank, Deposit	1707 W. CRAIG ROAD NORTH LAS VEGAS CITY tory, etc.	STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor RED TO BLUE MAJORITY FUND P.O. BOX 1174 Mailing Address **SPRINGFIELD** 22151 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number