LAW OFFICE OF

Thomas L. Fox

A Professional Corporation
16133 Ventura Blvd., Suite 1200
Encino, California 91436
tomfoxlaw@gmail.com

(818) 995-4074 **Fax: (818) 995-1213**

3/26/14

Federal Election Commission
999 E. Street N.W.,
Washington, DC 20463

Re: Statement of Organization
House of Representatives – California's 33rd Congressional District

Dear Sir or Madam:

Enclosed please find the original of my Statement of Organization for filing. I am enclosing an additional copy along with a self-addressed stamped envelope and I would appreciate it if you could provide me with a conformed copy of the filing.

Thank you for your anticipated courtesy and cooperation.

Very truly yours,

Thomas L. Fox
Attorney at Law

Very truly yours,

Thomas L. Fox
Attorney at Law

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2014 APR -1 AM 9:43
FEC MAIL CENTER

Office Use Only

14031202342

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Committee to Elect Tom Fox to Congress

ADDRESS (number and street) 16133 Ventura Blvd, Suite 1200

☐ (Check if address is changed)

CITY	STATE	ZIP CODE
Encino	CA	91436-2403

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) INFO@TOMFOX4CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.tomfox4congress.com

2. DATE 02 / 16 / 2014

3. FEC IDENTIFICATION NUMBER C

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 Sarah Engelman

Signature of Treasurer Sarah Engelman Date 02 / 16 / 2014

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 Use Only				

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

FEC FORM 1
(Revised 02/2009)

14031202343

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: Tom Fox

Candidate Party Affiliation: Ind

Office Sought: [X] House [ ] Senate [ ] President

State:

District:

(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 C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

Write or Type Committee Name

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

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

14031202344

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: Tom Fox

Mailing Address: 16133 Ventura Blvd., Suite 1200

Encino CA 91436

CITY STATE ZIP CODE

Title or Position: Candidate

Telephone number: 818-995-4074

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

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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.

City National Bank

Mailing Address 16133 Ventura Blvd., Suite 1200

Encino CA 91436

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

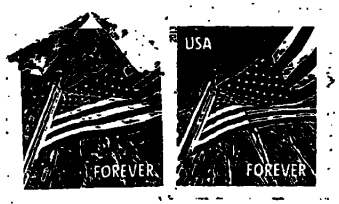
Mailing Address

CITY STATE ZIP CODE

14031202345

14031202346

LAW OFFICE OF THOMAS FOX APC
16133 VENTURA BOULEVARD, SUITE 1200
ENCINO, CALIFORNIA 91436



Federal Election Commission
999 E. Street N.W.,
Washington, DC 20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked
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☑ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 4/1/14

(8/2013)

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