FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gorell for Congress 9070 Irvine Center Drive, #150 ADDRESS (number and street) (Check if address is changed) Irvine 92618 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaign-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jeffgorell.org (Check if address is changed) DATE 2016 C00552430 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Jen Slater Type or Print Name of Treasurer Jen Slater [Electronically Filed] 01 19 2016 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

Local 202-694-1100

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	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con	mplete the candidate
Name of Candidate	information below.) Jeff Gorell	
Candidate Party Affilia	tion REP Office Sought: X House Senate President	State CA District 26
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 Fun	draising Representative:	
(g)	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 toommittees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Cor	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		J -
Gorell for Congr		
<u>_</u>	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
None		
Mailing Address		
3		
		-
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Jen Slater		
Full Name	9070 Irvine Center Drive, #150	
Mailing Address		
	Irvine CA 92618	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		858 7448
B. Treasurer : List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name Jen Slater of Treasurer		
Mailing Address	9070 Irvine Center Drive, #150	
	Irvine CA 92618	7ID 00D5
Title or Position Treasurer		ZIP CODE 858 - 7448

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Full Name of Designated	None	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1_1 1
 Banks or Othe safety deposit b 	poxes or maintains funds.	
safety deposit b	Depository, etc. Bank of America	
safety deposit b	Depository, etc. Bank of America Jank Santa Margarita Pkwy	
safety deposit b Name of Bank,	Depository, etc. Bank of America Jank Santa Margarita Pkwy	
safety deposit b Name of Bank,	Depository, etc. Bank of America Jank Santa Margarita Pkwy	3 1 -
safety deposit b Name of Bank,	Depository, etc. Bank of America 31531 Santa Margarita Pkwy	ZIP CODE
safety deposit b Name of Bank,	Depository, etc. Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CITY STATE Depository, etc.	
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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Amend for Address & Treas Address

Form/Schedule: Transaction ID: