FEC FORM 1

NAME OF

COMMITTEE (in full)

ADDRESS (number and street)

(Check if address is changed)

COMMITTEE'S E-MAIL ADDRESS (Check if address

is changed)

(Check if address

09

IS THIS STATEMENT

FEC IDENTIFICATION NUMBER ▶

DATE

is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

Ô5 °

2018 °

NEW (N)

OR

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

STATEMENT OF **ORGANIZATION**

is changed)

CITY A

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 SEP 10 AM 11: 44

Office Use Only (Check if name Example: If typing, type 12FE4M5 over the lines. Roque "Rocky", De La Fuente For Rocky 101 LLC Rhode Island Senate 15440 Morehouse Dr., Suite 4000 192121 STATE A ZIP CODE ▲ ¡Rhodeisland@Rocky101.com Optional Second E-Mail Address www.Rocky101.com

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Type or	Print Name of Treasurer	Elia iviora		
Signatur	e of Treasurer	Elim	Date Date	09
NOTE: S	·	us, or incomplete information may s ANY CHANGE IN INFORMATION S		ement to the penalties of 52 U.S.C. §30109. 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 06/2012)

AMENDED (A)

	-	EC FOI	rm 1 (Hevised 02/2009)	Page 2		
5.			OMMITTEE			
	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. (Cominformation below.)	nplete the candidate		
	Name Candi		Roque "Rocky" De La Fuente			
	Candi Party	idate Affiliatio	on Rep Office Sought: House Senate President	State R I		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	v Con	nmittee:			
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:		
		Service and	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 s committee. (i.e., nonconnected committee)	egregated 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	t Fund	Iraising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
	(h)	رت	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to			
	• •		committees/organizations, none of which is an authorized committee of a federal candidate.	, and the second		
		Com	mittees Participating in Joint Fundraiser			
		1.	FEC ID number C			
		2.	FEC ID number C			
		3.	FEC ID number C	<u> અનુ </u>		
		4.	FEC ID number C	المنتخب المنتخب		

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FEC Form 1 (Revised	02/2009)	Page 3
		. ago o
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name Brian	Amato	
Mailing Address	5440 Morehouse Dr., Suite 4000	
		1 1 1 1 1 1 1
	San Diego CA 92	121
Title or Position	CITY STATE	ZIP CODE
Custodian of Reco	rds Telephone number 858 -	362,8708
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	ora	1 1 1 1 1 1 1 1
Mailing Address	5440 Morehouse Dr., Suite 4000	4-4-4-1-1-1-1-1
-		
	San Diego CA 921	21, , ,_, , .
Title or Position	CITY STATE	ZIP CODE
	Name of Any Connected	Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. Full Name Brian Amato Mailing Address San Diego City State Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). San Diego City State

858- - 362 - 8711

Telephone number

Treasurer

	1 (Revised 02/200				Page 4
		Maria de la compansión de	<u> </u>		
Full Name of Designated	1				
Agent					
Mailing Address					
		CITY		STATE	ZIP CODE
Title or Position					
			Telephone n	umber	
safety deposit bo	xes or maintains fui	all banks or other depositorie nds.	es in which the comm	nittee deposits	funds, holds accounts, rent
	xes or maintains fui	all banks or other depositorie nds.	es in which the comm	nittee deposits	funds, holds accounts, rent
	xes or maintains fui	nds.	es in which the comm	nittee deposits	funds, holds accounts, rent
	xes or maintains ful depository, etc.	nds.	es in which the comm	nittee deposits	funds, holds accounts, rent
Name of Bank, [xes or maintains ful depository, etc.	riça _{, , , , , , , , , , , , , , , , , , ,}	es in which the comm	ittee deposits	funds, holds accounts, rent
Name of Bank, [xes or maintains full depository, etc. Bank of Ame	riça _{, , , , , , , , , , , , , , , , , , ,}	s in which the comm	ittee deposits	funds, holds accounts, rent
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Name of Bank, C	xes or maintains ful Depository, etc. Bank of Ame 19460	riça O Scranton Rd	es in which the comm	CA.	92121 1-
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	ot

5(g) o	or(h). Joint Fundraisi r	ng Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.	<u> </u>	FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising Representati	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE 4	ZIP CODE A
	Connecte	d Organization Affiliated Committee	oint Fundraising Represer	tative Leadership PAC Sponsor
8.		y by name, address (phone number – c	ptional)	
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories aintains funds.	s in which the committee depos	its funds, holds accounts, rents
	Name of Bank, Depository, etc.		11111111	
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

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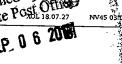
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United States Senate

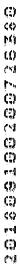
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WASHINGTION, DC 20510-7116 .
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