

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ANDRE QUINTERO FOR CONGRESS

ADDRESS (number and street)

249 E OCEAN BLVD STE 685



(Check if address
is changed)

LONG BEACH

CITY ▲

CA

STATE ▲

90802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

dlgould@gouldorellana.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

MM / DD / YYYY
02 / 10 / 2017

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

DAVID L. GOULD

Signature of Treasurer

Date

MM / DD / YYYY
02 / 10 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

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

FEC FORM 1
(Revised 06/2012)

5. 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 the candidate information below.)

Name of Candidate ANDRE QUINTERO

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State CA District 32

- (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 <u>C</u> _____
2. _____	FEC ID number <u>C</u> _____
3. _____	FEC ID number <u>C</u> _____
4. _____	FEC ID number <u>C</u> _____

Write or Type Committee Name

ANDRE QUINTERO FOR CONGRESS

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

None

Mailing Address

CITY

STATE

ZIP CODE

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

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

DAVID L. GOULD

Mailing Address

249 E OCEAN BLVD. STE 685

LONG BEACH

CA

90802

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

213

489

4792

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

DAVID L. GOULD

Mailing Address

249 E OCEAN BLVD STE 685

LONG BEACH

CA

90802

Title or Position

Treasurer

CITY

STATE

ZIP CODE

Telephone number

213

489

4792

Full Name of
Designated
Agent

NADIA MODESTO

Mailing Address

249 E OCEAN BLVD. STE 685

LONG BEACH

CITY

CA

STATE

90802

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

213

489

4792

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.

California Bank & Trust

Mailing Address

550 S. Hope St. #100

Los Angeles

CITY

CA

STATE

90071

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Full Name of
Designated
Agent

INGRID ORELLANA-ASSISTANT TREASURER

Mailing Address

249 E OCEAN BLVD. STE 685

LONG BEACH

CITY

CA

STATE

90802

ZIP CODE

Title or Position

POF

Telephone number

213

489

4792

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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FEC MAIL CENTER

2017 FEB 13 PM 2:57

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ORIGIN ID: LGBA (213) 489-4792
NADIA MODESTO
GOULD & ORELLANA, LLC
249 E. OCEAN BLVD.
SUITE 685
LONG BEACH, CA 90802
UNITED STATES US

SHIP DATE: 10FEB17
ACTWGT:
CAD: 108032954/NET3850

BILL SENDER

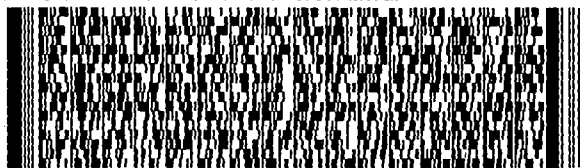
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FEC
999 E STREET NW

WASHINGTON DC 20463

(202) 694-1000
INV:
PO:

REF: QUINTERO CONGRESS

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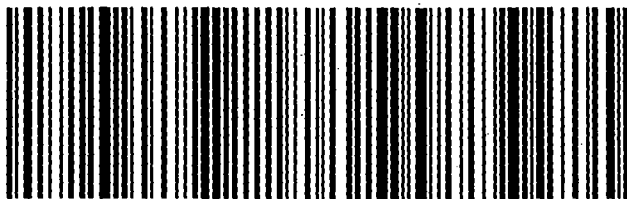
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Extremely Important

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>2/10/17</i> Next Business Day Delivery <input checked="" type="checkbox"/>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>2/13/17</i> DATE PREPARED

(3/2015)

2017-02-13 PM 00:14:13