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## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE:
PUBLIC RECORDS

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NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example over the	:If typing, type lines.	12FE	erendyrerendyreerendyr	erashucan.	
COMMITIT	EE.T		ELECT	SARAH	F GAZAL	A	111	'/ 	
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2. DATE		2	20/8						
3. FEC IDENTIF	FICATION NU	JMBEF	ì ► C	10065	5316				
4. IS THIS STAT	EMENT	N	IEW (N) O	R X	AMENDED (A)				
I certify that I have	e examined the	nis Stat	ement and to the	best of my kno	wledge and belief	it is true,	correct and	complete.	
Type or Print Nam	e of Treasure	•r	5 Hair	a My	Vabb				
Signature of Treas	urer	S	M	M		Date	ID'	12	Z.O. Sundania
NOTE: Submission	of false, erron	eous, o	r incomplete inform	nation may subje	ct the person signing	this State	ement to the	penalties o	f 52 U.S.C. §30109

For further information contact:

Federal Election Commission

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

FEC FORM 1

(Revised 06/2012)

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		DMMITTEE	
Cano		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. (Compleinformation below.)	ete the candidate
Name Candi		BARAH GAZALA	
Candio Party	date Affiliati	on REP Office Sought: House X Senate President	State State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	mittee:	
(d)			emocratic, epublican, etc.) Party
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
` ,	Break!	Banels Bernals	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 segrecommittee. (i.e., nonconnected committee)	egated 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	Fund	raising Representative:	
(g)	Parall Learn	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.	or more political
(h)	dane.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
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_	Name of Any Connect	and Ownerstein Affiliated Committee Laint Fundraising Pennsoentative or Leaders	hin DAC Spansor
6.	Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	nip PAC Sponsor
L			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship:	ected Organization Affiliated Committee Joint Fundraising Representative	adership PAC Sponsor
	899/303	CERTAIN CONTRACTOR A CONTRACTOR	
7.	Custodian of Records: books and records.	identify by name, address (phone number optional) and position of the person in position	session of committee
	Full Name		
	Mailing Address		
			<u>l l l l l l l l l l l l l l l l l l l </u>
	Title or Position	CITY STATE	ZIP CODE
	1	·	1_1
		Telephone number	
8.	Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the na e.g., assistant treasurer).	me and address of
	Full Name of Treasurer	AILYA MCNABIS	1 1 1 1 1 1 1
	Mailing Address	18434 BENIDORM AVE	<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
	. ,		<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
		LAS VEGAS IN 1891	781-1
	Title or Position	CITY STATE	ZIP CODE
	TREASIVE	Telephone number $702-3$	811-11902

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FEC Form 1S (Revised 02/2017)

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

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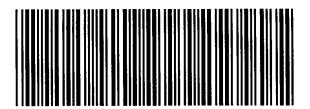
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