## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Juan Vargas 330 Encinitas Blvd., Suite 101 ADDRESS (number and street) (Check if address is changed) **Encinitas** 92024 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nhaley@thinkcpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2013 C00408161 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. Nancy Haley Type or Print Name of Treasurer Nancy Haley [Electronically Filed] 09 06 2013 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 Only Local 202-694-1100

F	FEC <b>Fo</b>	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)    Juan C Vargas	е
Cand	lidate didate Affiliation	ion DEM Office State Senate President District	CA 51
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State (Democratic, Republican, etc.) I	Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a
		Corporation Corporation w/o Capital Stock Labor Organizat	ion
		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 committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising 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.	l
(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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	_
	2.	FEC ID number C	_
	3.	FEC ID number	_
	4.		

FEC Form 1 (Revis	ed 02/2009)	Page <b>3</b>
Write or Type Committee N	ame	
Friends of Jua	an Vargas	
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
Vargas for Congres	S <sub>.</sub>	
Mailing Address	320 Encinitas Blvd., Suite 101	
	Encinitas CA	92024
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization X Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	Haley	
Full Name Mailing Address	330 Encinitas Blvd., Suite 101	
ag / .aa. eee		
	Encinitas	92024
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	760 - 632 - 3600
3. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committe g., assistant treasurer).	ee; and the name and address of
Full Name Nancy of Treasurer	Haley	
Mailing Address	330 Encinitas Blvd., Suite 101	
	Encinitas   CA	92024
Title or Position Treasurer	CITY STATE	ZIP CODE 760     632     3600
<u> </u>	Telephone number	

FEC <b>Forn</b>		
Full Name of Designated Agent	Robin Stephen	1
Mailing Address	330 Encinitas Blvd., Suite 101	
		2024
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer 760 Telephone number	_ 632 3600
	r Depositories: List all banks or other depositories in which the committee deposits funds	s, holds accounts, rents
Name of Bank, I	Depository, etc.	
	Depository, etc.  Torrey Pines Bank  ,2760 Gateway Rd	
Name of Bank, [	Depository, etc.  Torrey Pines Bank  ,2760 Gateway Rd	
Name of Bank, [	Torrey Pines Bank  2760 Gateway Rd	2009
Name of Bank, [	Torrey Pines Bank  2760 Gateway Rd	2009 
Name of Bank, [	Torrey Pines Bank  2760 Gateway Rd  Carlsbad  CA 92  CITY  STATE	
Name of Bank, I	Torrey Pines Bank  2760 Gateway Rd  Carlsbad  CA 92  CITY  STATE	
Name of Bank, [	Depository, etc.  Torrey Pines Bank  2760 Gateway Rd  Carlsbad  CITY  STATE  Depository, etc.  Community 1st Bank  2250 Douglas Blvd., Ste 190	
Name of Bank, I	Depository, etc.  Torrey Pines Bank  2760 Gateway Rd  Carlsbad  CITY  STATE  Depository, etc.  Community 1st Bank  2250 Douglas Blvd., Ste 190	
Name of Bank, I	Depository, etc.  Torrey Pines Bank  2760 Gateway Rd  Carlsbad  CITY  STATE  Depository, etc.  Community 1st Bank  2250 Douglas Blvd., Ste 190	

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: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amend Part 5 (a & b) to change type of committee from principal campaign committee to authorized committee.

Form/Schedule: Transaction ID: