Image# 201709129074680454				09/12/2017 10.50
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4 —
			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	lect John Carrillo			
ADDRESS (number and street)	9333 Shaver Drive			
(Check if address is changed)	1			
is changed)				9925
	CITY ▲		STATE ▲	ZIP CODE 🛦
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	jrcarrillotx@hotmail.con	n 		
	Optional Second E-Mail Add	Iress		
	justwalkingproduction	ns@gmail.com		
COMMITTEE'S WEB PAGE / (Check if address is changed)	ADDRESS (URL)			
2. DATE 09	10 / Y Y Y Y 2017			
3. FEC IDENTIFICATION	NUMBER ► C co	00655100		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name of Treasu	Jrer Peterson, James, Walter, ,			
Signature of Treasurer	terson, James, Walter, ,	[Electronically Filed]	Date 09	12 / Y Y Y Y 12 2017
NOTE: Submission of false, err	oneous, or incomplete information I ANY CHANGE IN INFORMATIO			e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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	FEC Fo	Page 2	
TYI	PE OF C	COMMITTEE	
Ca	Indidate	e 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.)	
	me of ndidate	Carrillo, John, Rene, ,	
	ndidate ty Affiliati	ion DEM Office Sought: X House Senate President District 16	4
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of ndidate		
Pa	rty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part	ty.
Ро	litical A	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 part committee. (i.e., nonconnected committee)	ty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joi	nt 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.	
(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	mittees Participating in Joint Fundraiser	
	1.		٦
	2.		Ì
	2. 3.		Ì
	з.		╡
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

Committee to Elect John Carrillo

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

N					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connec	ted Organization Affiliated Committee	Joint Fundraisin	g 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.				
		n, James, Walter, ,			
	Full Name				
	Mailing Address	3111 Copper Ave			

 Treasurer
 915
 383
 1194

 Image: State of the state of

STATE

ZIP CODE

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).

CITY

Full Name of Treasurer	Peterson, James, Walter, ,					
Mailing Address	3111 Copper Ave					
	El Paso			ТХ	79930	
		CITY		STATE	ZIF	P CODE
Title or Position		1	Telephone nur		15 - 383	3 - 1194

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Full Name of Designated R Agent	ubio, Maria, Elena, ,
Mailing Address	9406 Montgomery Dr.
	El Paso
	CITY STATE ZIP CODE
Title or Position	Telephone number 915 539 1 3962

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.

GECI	j	
Mailing Address	PO Box 20998	
	El Paso	TX 79998
	CITY	STATE ZIP CODE
Name of Bank, Depository	; etc.	
Mailing Address		
	CITY	STATE ZIP CODE