FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Briscoe 4 Congress 375 Atlantic Avenue ADDRESS (number and street) Suite #101 (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .john@crestwave.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00671784 FEC IDENTIFICATION NUMBER > 3. X 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. Ray, Lysa, , Ms., Type or Print Name of Treasurer Ray, Lysa,, Ms., [Electronically Filed] 03 2018 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

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate Briscoe, John, Honorble,	
Candidate Office Party Affiliation REP Sought: House Senate President	State
Party Affiliation Sought: House Senate President	District 47
(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 c	onnected 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 committee. (i.e., nonconnected committee)	segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee N	lame	
Briscoe 4 Cor	ngress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Ray, L Full Name	_ysa, , Ms.,	
Mailing Address	603 E. Alton Ave.	
3		
	Santa Ana CA 93	2705
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 540 _ 0901
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Ray, L of Treasurer	ysa, , Ms.,	
Mailing Address	603 E. Alton Ave.	
		2705
Title or Position Treasurer	CITY STATE 714 Tolophono number	ZIP CODE
	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Othe safety deposit b Name of Bank,		ds accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. F&M Bank ,4827 E. 2nd Street	ds accounts, rents
safety deposit b Name of Bank,	pepository, etc. F&M Bank 4827 E. 2nd Street	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803	
safety deposit b Name of Bank, Mailing Address	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803	
safety deposit b Name of Bank, Mailing Address	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803	
safety deposit b Name of Bank, Mailing Address	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. F&M Bank 4827 E. 2nd Street Long Beach CA 90803 CITY STATE	