## 

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER 2022 MAY 19 AM 8: 58

_					Office Use Only
1.	NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
P	AUL MF	FIRODE	CIGUEZ	<u> </u>	
نــا		1 ! 1 1 :	<u> </u>		
ADI	<b>A</b> VE				
	(Check if is change	address d)		<del></del>	
		ΙI	CITY A		STATE A ZIP CODE A
СО	MMITTEE'S E-M	AIL ADDRESS			
ĩ	(Check if is change		'AVLEKTER	MREMAILL. GO	. M
•	as change	0	ptional Second E-Mail Ad		
СО	MMITTEE'S WEE	3 PAGE ADDRE	SS (URL)		
	(Check if is change		NWW. PAULR	ODRIGUEZUS	SENATELCOM
2.	DATE 0	.5 1.2	20.27		
3.	FEC IDENTIFI	CATION NUME	BER ▶ CT	be assigned	
4.	IS THIS STATE	MENT	NEW (N) OR	AMENDED (A)	
l ce	ertify that I have	examined this S	Statement and to the best	t of my knowledge and belief it	is true, correct and complete.
Тур	e or Print Name	of Treasure	PAUL RODR	16UEZ	<del></del>
Sig	nature of Treasur	rer	<u> </u>		Date 0,5 11 2022
NO	TE: Submission of			may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
<u> </u>	Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530	

FEC Form 1 (Rev	vised 02/2009)	Page <b>3</b>			
Write or Type Committee	Name				
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor			
1					
Mailing Address		!			
	CITY STATE	ZIP CODE			
books and records.	s: Identify by name, address (phone number optional) and position of the person .	·			
Full Name PAUL MF RODRUGUEZ					
Mailing Address  9175 BIB PLANTATION AVE					
<b>3</b>					
	LAS VEGAS	29143]-[:::			
Title or Position	CITY STATE	ZIP CODE			
CAMPALLE	NITREASURER Telephone number 7012	L-13581-13,2,0 <u>,4</u>			
	me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of			
Full Name of Treasurer	LUL RODRIGUEZ				
Mailing Address	9125 BIG PLANTATION AVE	<u> </u>			
		<u> </u>			
Title or Position	CITY STATE	ZIP CODE			
CAMPAIGN	Telephone number 702	1-358-3204			

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).			OMMITTEE  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. (Conformation below.)	omplete the candidate				
	Name Candid		of PAN LATER OF STREET					
	Candid Party	date Affiliatio	on PPP Sought House Senate President	State				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid							
	Party	irty Committee:						
	(d)		(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Politi	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segrégated fund. (Identify connected organization on line 6.) Its c	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.					
	(†)		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	Fund	raising Representative:	ا ما المعادل الما المعادل المع المعلم المعادل				
	(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.	FEC ID number	and the second s				
		4.						
			Section of the sectio	······································				

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Full Name of Designated Agent			
Mailing Address		1 1 1 1	
		<u>!                                    </u>	
	CITY	STATE	ZIP CODE
Title or Position			
<u> </u>	Telephone n	umber	
Mailing Address	WELLS FARGO DR		
		<u> </u>	
	LAS: V. B. S. A.S	MIN	89149-
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			

FEDERAL ELECTION COMMISSION

1050 FIRST STREET

NE, WASHINGTON, D.C. 20463

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt

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Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Bers	05-19-2022
(3/2015)	DATE PREPARED