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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kenneth Alvarez For President 2016 731 S. Racine Ave Apt B ADDRESS (number and street) (Check if address is changed) Chicago 60607 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kalvarez56@gmail.com (Check if address is changed) Optional Second E-Mail Address markalvarez@alvareztech.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2016 C00613570 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. Martha Alvarez Type or Print Name of Treasurer Martha Alvarez [Electronically Filed] 04 03 2016 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

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		COMMITTEE e 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. (Complete the candidate information below.)				
Nam Can	e of didate	Mr. Kenneth Alvarez Jr.				
	didate y Affiliati	ion REP Office Sought: House Senate X President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	maaratia			
(d)		· · · · · · · · · · · · · · · · · · ·	mocratic, publican, etc.) Party.			
Poli	itical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a			
		Corporation Corporation w/o Capital Stock	abor Organization			
		Membership Organization Trade Association C	ooperative			
		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 party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Func	draising Representative:				
(g)		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.	r more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4					

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Write or Type Committee Name		
Kenneth Alvarez	For President 2016	
6. Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
<u> </u>	<u> </u>	
Mailing Address		
L		
L	CITY STATE Z	ZIP CODE
Relationship: Connected Or	ganization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identify books and records. 	by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name		
Mailing Address		
L		
L		
Title or Position	CITY STATE Z	IP CODE
	Telephone number	
. Treasurer: List the name and a any designated agent (e.g., assi	ddress (phone number optional) of the treasurer of the committee; and the nam stant treasurer).	ne and address of
Full Name Martha Alvare of Treasurer	z	
Mailing Address	31 S. Racine Ave Apt B	
L		
LC	hicago IL 60607	
Title or Position	CITY STATE Z	IP CODE
	Telephone number	

Designated Agent Mailing Address CITY STATE ZIP CODE	FEC Form 1 (Revised	d 02/2009)	Page 4					
Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number								
Mailing Address CITY STATE ZIP CODE Title or Position Telephone number	Full Name of Designated Agent							
Title or Position Telephone number Telephone n	Mailing Address							
Title or Position Telephone number Telephone n								
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. ABC Bank		CITY STATE ZI	P CODE					
safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address City STATE ZIP CODE Mailing Address	Title or Position							
Mailing Address 1301 W. Taylor St.	safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address								
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address								
Name of Bank, Depository, etc. Mailing Address								
Mailing Address Line Indian Address		CITY STATE ZI	IP CODE					
	Name of Bank, Depository, e	etc.						
CITY STATE ZIP CODE	Mailing Address							
CITY STATE ZIP CODE								
CITY STATE ZIP CODE								
		CITY STATE Z	IP CODE					