Only

## 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. Cartola FC(Tophat FC) 3008, W 30th Ave ADDRESS (number and street) (Check if address is changed) Anchorage 99517 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS felipeshwartz2@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2016 C00607911 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. Alyrio Gonzales Type or Print Name of Treasurer Alyrio Gonzales [Electronically Filed] 02 02 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

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page <b>2</b>
TYPE OF CO		
Candidate C	<b>committee:</b> This committee is a principal campaign committee. (Complete the candidate information below	1
	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate	Felipe Shwartz	
Candidate Party Affiliation	OTH Office Sought: House Senate X President	State
	coagin. House Contact /, House	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comn		(D
(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Act	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s	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.)	
Joint Fundra	aising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h) T	This committee collects contributions, pays fundraising expenses and disburses net proceeds for topommittees/organizations, none of which is an authorized committee of a federal candidate.	
Comm	ittees Participating in Joint Fundraiser	
1. [		
2.	FEC ID number	
3. [	FEC ID number	
4		

FEC Form 1 (Revised 02/2009)  Write or Type Committee Name  Cartola FC(Tophat FC)  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA  NONE  Mailing Address	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor
NONE	
Mailing Address	
Mailing Address	
	I_I
CITY STATE ZIP C	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	ip PAC Sponsoi
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessic books and records.</li> </ol>	on of committee
Alyrio Gonzales	
Full Name3008, W 30th Ave	
Mailing Address	
Anchorage AK 199517	
, and lotted the second	-
Title or Position CITY STATE ZIP C	ODE
Telephone number	]-[
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name an any designated agent (e.g., assistant treasurer).	d address of
Full Name Alyrio Gonzales of Treasurer	
Mailing Address [3008, W 30th Ave	
Anchorage AK 99517	]
CITY STATE ZIP C Title or Position	ODE
Telephone number	

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Full Name of Designated Agent	Junior Paganini	
Mailing Address	2290, W 29th Ave	
	Anchorage  CITY  STATE  ZI	IP CODE
Title or Position	Telephone number	
Banks or Other safety deposit bo Name of Bank, D		accounts, rents
	First National Bank	
Mailing Address		
	Anchorage AK 99508	
	CITY STATE Z	
		IP CODE
Name of Bank, D	epository, etc.	IP CODE
Name of Bank, D	epository, etc.	IP CODE
Name of Bank, D	epository, etc.	IP CODE
	epository, etc.	IP CODE
	epository, etc.	IP CODE