Image# 201712129089174542				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
				ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Miguel Angel Zu	niga			
ADDRESS (number and street)	1203 P.O.Box			
(Check if address is changed)				
Is changed)	Lomita		CA 9071	7 -1
				ZIP CODE
OMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	MigZForCongress@gn	nail.com		
is changed)	Optional Second E-Mail Ad	dross		
	MigZ41@gmail.com			
 (Check if address is changed) 				
	12 / Y Y Y Y 2017			
. FEC IDENTIFICATION N	IUMBER ► C c	00663021		
. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
	7 . 5			
ype or Print Name of Treasur	er Zuniga, Diala, , Mrs,			
Signature of Treasurer	iga, Diala, , Mrs,	[Electronically Filed]	Date 12	12 / Y Y Y Y 2017
IOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

12/12/2017 04 : 24

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	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYF	PE OF C	COMMITTEE	
Ca	ndidate	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. (Comple information below.)	te the candidate
	ne of Ididate	Zuniga, Miguel, Angel, Mr.,	
	ndidate ty Affiliati	ion GRE Office Sought: K House Senate President	State CA District 43
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of Ididate		
Par	rty Con	nmittee:	
(d)			emocratic, oublican, etc.) Party
Pol	litical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	gated 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.)	
Joir	nt 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.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c 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.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Miguel Angel Zuniga

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

Mailing Address									
	CITY	STATE	ZIP CODE						
Relationship: Conne	Affiliated Committee	t Fundraising Representative	Leadership PAC Sponsor						
7. Custodian of Records: books and records.	Identify by name, address (phone number optiona	al) and position of the person	in possession of committee						
Zuniga Full Name	a, Diala, , Mrs,								
Mailing Address	1203 P.O.Box								

	Lomita		90717
Title or Position	CITY	STATE	ZIP CODE
Treasurer		phone number	

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).

Full Name of Treasurer	Zuniga, Diala, , Mrs,			
Mailing Address	1203 P.O.Box			
	Lomita		CA	90717
	CITY		STATE	ZIP CODE
Title or Position		Telephone r	number	

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Full Name of Designated Agent																						1										
Mailing Address			L																													
			L		1																											
			L																													
	CITY														STA	ΑΤΕ					ZI	PC	COE	DE								
Title or Position																																
															Tele	eph	one	e ni	umt	ber												

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.

US Ba	nk		
Mailing Address	2270 P.C.H. Blvd		
	Lomita	CA 90717	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	