2016 - 12 - 09 - 0M - 00-25575

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 DEC -9 AH 10: 05

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Alejandra Campoverdi fo	r Congress		
	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	1787 Tribute Road, Sui	te K	
☐			
·	Sacramento CITY A		CA 95815 — STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	Gampoverdi2017@deanear	ndcompany,com	
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. DATE 12 0	6 11 11		
3. FEC IDENTIFICATION NU	IMBER ▶ C		
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Shawinda Deane		
Signature of Treasurer	Am	· Da	ate 12, 06 / 2016
NOTE: Submission of false, errone		nay subject the person signing this DN SHOULD BE REPORTED WIT	Statement to the penalties of 52 U.S.C. §30109. HIN 10 DAYS.
Office Use Only		For further information conta Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

FEC F	orm 1 (Revised 02/2009)	Page 2
	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. (Compinformation below.)	plete the candidate
Name of Candidate	Alejandra Campoverdi	
Candidate Party Affilia	tion DEM Sought: x House Senate President	State CA District 34
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)		(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
S source.	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 se committee. (i.e., nonconnected committee)	gregated 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 Fun	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.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009) Write or Type Committee Name	ı aye y
Alejandra Campoverdi for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
None	<u> </u>
Mailing Address	
	<u> </u>
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. 	n possession of committee
Shawnda Deane Full Name	
Mailing Address 1787 Tribute Road, Suite K	
Sacramento CA 95	815
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	- 285 - 5733
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	e name and address of
Full Name Shawnda Deane Sh	1 1 1 1 1 1
Mailing Address 1787 Tribute Road, Suite R	
Sacramento CA 958 CITY STATE	ZIP CODE
Title or Position Treasurer Treasurer Telephone number	- 285 - 5733

СІТҮ

STATE

ZIP CODE

FEC Form 1 (Revised 2/2009)

Full Name of

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Overnight Delivery Service (Specify): Fed Ex	Shipping Date
Next Business [Day Delivery $\begin{tabular}{ c c c c c }\hline \end{tabular}$
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):	eipt or Postmarked
PREPARER	12/9/16
(3/2015)	DATE PREPARED