

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Support California's Future By Electing Keivaulqe Autiameineire To Emdow Good Changes

ADDRESS (number and street) 777 1st Street PMB 510

(Check if address is changed)

Gilroy CITY ▲ CA STATE ▲ 95020 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) flora.h3artz.tulips@gmail.com

Optional Second E-Mail Address strawb3rry_sunsh1ne_bl0ss0m@outlook.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://vote-ca-keivaulqe-autiame-2024my-free.website

2. DATE 11 / 03 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00762179

4. 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.

Type or Print Name of Treasurer Keivaulqe Autiameineire, Fepbrina, Estrelvia, Miss,

Signature of Treasurer Keivaulqe Autiameineire, Fepbrina, Estrelvia, Miss, [Electronically Filed] Date 07 / 08 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate 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. (Complete the candidate information below.)

Name of Candidate Keivaulqe Autiameineire, Fepbrina, Estrelvia, ,

Candidate Party Affiliation OTH Office Sought: House Senate President State CA District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 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.

- (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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
2. _____

C _____
C _____

Write or Type Committee Name

Support California's Future By Electing Keivaulqe Autiameineire To Emdow Good Changes

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
VOTE KEIVAUHQE AUTIAMEINEIRE TO PROTECT & SECURE DISTRICT 18

[Empty grid lines for organization name]

Mailing Address 777 1st Street PMB 510

[Empty grid lines for address]

Gilroy CA 95020

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Keivaulqe Autiameineire, Fepbrina, Estrelvia, Miss,

Mailing Address 777 1st Street PMB 510

[Empty grid lines for address]

Gilroy CA 95020

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

President & Director

Telephone number 831 - 587 - 9204

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 Keivaulqe Autiameineire, Fepbrina, Estrelvia, Miss,

Mailing Address 777 1st Street PMB 510

[Empty grid lines for address]

Gilroy CA 95020

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

President & Director

Telephone number 831 - 587 - 9204

Full Name of Designated Agent Keivaulqe Autiameineire, Fepbrina, Estrelvia, ,

Mailing Address 777 1st Street PMB 510
Gilroy CA 95020
CITY STATE ZIP CODE

Title or Position Candidate Telephone number 831 587 9204

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.

Vienmerisce American Society

Mailing Address 777 1st Street PMB 510
Gilroy CA 95020
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Chase Bank

Mailing Address 1177 1st St
Gilroy CA 95020
CITY STATE ZIP CODE