

FX

202-219-3496

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TO: NATALIA  
2012 JAN 30 AM 10:28  
Chief, <sup>FEC MAX CENTER</sup> Reports Analysis Division

Total Pages 6

RE: Karlo Romero  
353-A Prospect St  
Cambridge, MA 02139

Candidate ID# H2MA08058

Hi NATALIA!

PER OUR RECENT CONVERSATION. PLEASE  
SEE THE Amended Statement of Organization  
and Statement Candidacy Forms attached.  
Any questions, call us at (281) 321-0406 or  
(617) 686-6730

Thanks

Grace Romero

12030720565

FEC FORM 1

STATEMENT OF ORGANIZATION

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2012 JAN 30 AM 10:28

FEC MAIL CENTER

Office Use Only

12FE4M5

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

VICTIE KARLA ROMERO

ADDRESS (number and street) 3821 A Prospect Street

(Check if address is changed)

Cambridge MA 02139

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) vikmigazline@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.VICTIEKARLAROMERO.COM

2. DATE 01/20/2012

3. FEC IDENTIFICATION NUMBER C

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 Grace Romero

Signature of Treasurer [Signature] Date 01/20/2012

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.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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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 KARLA ROMERO

Candidate Party Affiliation  U  Office Sought:  House  Senate  President State  MA District  7m

- (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.)

Joint Fundraising Representative:

- (g)  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.
- (h)  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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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

Grace Romero

Mailing Address

352 A PROSPECT STREET

CAMBRIDGE

MA

02139

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617-686-6739

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

GRACE ROMERO

Mailing Address

352 A PROSPECT STREET

CAMBRIDGE

MA

02139

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617-686-6730

12030720568

Full Name of Designated Agent

GRACE ROMERO

Mailing Address

352A PROSPECT STREET

CAMBRIDGE

CITY

MA

STATE

02139

ZIP CODE

Title or Position

TREASURER

Telephone number

617-686-6730

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.

CENTRAL BANK

Mailing Address

270 MYSTIC AVE

MEDFORD

CITY

MA

STATE

02155

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030720569

Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked



PREPARER

1/30/12  
DATE PREPARED

12030720570