15031092567

STATEMENT OF



FORM 1	ORGANIZA	2019mgH Hae Day		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 PM 12: 09	
ARG PAC				
ADDRESS (number and street)	12750 Hig	h Blinff PI	(ive	
(Check if address is changed)	Suite 450			
esse is changed)	_		CA 92/3€ STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)				
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE 5 3	1 20.13			
3. FEC IDENTIFICATION N	UMBER ▶ C O	0,458091		
4. IS THIS STATEMENT	ी ब्री NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	or Rich Le	.,		
Signature of Treasurer	MIL	<u> </u>	Data 5 3/ 20/3	
NOTE: Submission of false, error	eous, or incomplete information ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.	

	ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)

TYPE	OF C	OMMITTEE
Cand	iidate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	71	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candid		L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Candid Party	date Affiliatio	Office gray gray State
(c)	. 47 ±1	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candid		
Party	Com	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Politi	cal A	ction Committee (PAC):
(e)	135.3	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registraot PAC.
(f)	1	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	Fund	raising 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.
	Com	mittees Participating in Joint Fundraisor
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C
		the control of the co

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Write or Type Committee N	ame	
ARG PA	1C	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leadership PAC Sponsor
NOME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		
		1 , 1 1 , , , , 1-1 , , ,
	CITY	STATE ZIP CODE
Relationship: "Conne	cted Organization Affiliated Committee Joint Fundraising	Representative
rtelationship.	Sied Organization Annual Committee South Full Vision	Leadership 1 AO Sportson
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	on of the person in possession of committee
Full Name	ch Leib	
Mailing Address		
	1,2750 High Bluff Dr.	
	San Airgo	
Title or Position	/	STATE ZIP CODE
1, reasure	Telephone num	ber \$58-81-8106
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the g., assistant treasurer).	committee; and the name and address of
Full Name of Treasurer $R_i i_1$	ch Leib	
Mailing Address	1,2,7,50 Hrsh Blufif, Po	(1)/2
-	Suite 450	
	San Dies Di	CA 192/30-1
Title of Design	СПУ	STATE ZIP CODE
Title or Position	Telephone numl	ber 858-481 - 8166
£		Ĭ

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Full Name of Designated Agent Ric	1.2.7.50 High Bluft	Arive STATE	ZIP CODE
Title or Position	Tel	ephone number \mathscr{L}	5.81-14.811-181.0G
safety deposit boxes or ma Name of Bank, Depository	r, etc.		
ag / coloco	5000	STATE	22/30-L
Name of Bank, Depository	, etc.		,
Mailing Address	<u> </u>		
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail Postmarked** USPS Express Mail Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): & **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify):

DATE PREPARED

(7/2013)

PREPARER