FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. You Gotta Believe 9070 Irvine Center Drive #150 ADDRESS (number and street) (Check if address is changed) Irvine 92618 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaign-compliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00852905 FEC IDENTIFICATION NUMBER > 3. X 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 Slater, Jen, , Date 10 10 2023 Signature of Treasurer Slater, Jen, , , 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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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. (Compinformation below.)	plete the candidate				
Name of Candidate					
Candidate Office House Senate President	State t District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name of Candidate					
Party Committee:					
(d) This committee is a	nocratic, ublican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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) X 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 (Hy	vbrid 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.					
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					
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٧	rite or Type Committee Name				
	You Gotta Believ				
6.	Name of Any Connected Or GARVEY, STEVE, , ,	ganization, Affiliated Committe	e, Joint Fundraising Repr	esentative, or Leade	rship PAC Sponsor
	Mailing Address	9070 IRVINE CENTER DRIVE #19	50		
		IRVINE		CA 92618	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiz	zation Joint Fundraising	Representative X	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone numb	per optional) and position c	of the person in posses	sion of committee
	Slater, Jen,	, ,			
	Full Name	,9070 Irvine Center Drive #150			
	Mailing Address	Solo living defice blive #150			
		Irvine		CA 92618	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	949	858 7448
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 Slater, Jen, of Treasurer	,,			
	Mailing Address	9070 Irvine Center Drive #150			
	3 				
		Irvine		CA 92618	-
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 2		5 —	5552 _
	Treasurer		Telephone num	949 - L	858 7448

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Full Name of Designated Agent								
Mailing Address								
Title or Position		STATE A	ZIP CODE ▲					
	Telephone numb	per						
	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, I	Name of Bank, Depository, etc.							
	Bank of America							
Mailing Address	67 Technology							
	Irvine	CA 92618						
	CITY ▲ S	STATE A	ZIP CODE ▲					
Name of Bank, Depository, etc.								
		1 1 1 1 1 1						
Mailing Address								
	CITY ▲ S	STATE A	ZIP CODE ▲					