

RECEIVED FEC MAIL CENTER 281: JUL - I AM II: 35

June 29, 2011

To Whom It May Concern:

Enclosed please find our original filing for John Tavaglione for Congress. Included are the originals of both the FEC Form 1-Statement of Organization and an FEC Form 2-Statement of Candidacy.

Please notify us of our FEC ID number as soon as possible so that we can request a password and comply with the deadline for our first electronic filing of a Form 3 report.

Thank you for your help in this matter.

Respectfully,

JOHN TAVAGLIONE FOR CONGRESS

1 a. Leanen

Richard A. Teaman

Treasurer

FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	e e e e e e e e e e e e e e e e e e e	
l i	John Tavaglione for C	ongress		11111	111111	
	DRESS (number and street)	4201 Brockton Ave	Ste 100		 	┸┼┸╌┛ ╻┆╻╏
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• •	(Check if address is changed)	Riverside		ÇA	, ,92501 ,	
			CITY	CTATE .	712 CODE -	
		100 (Diagram and March 1997)	CITY.	STATE	ZIP CODE 📥	
CO	MMITTEE'S E-MAIL ADDRE	SS (Please provide only one SGriffith@trscpas.				
	(Check if address is changed)					
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ഹ	MMITTEE'S WEB PAGE AD	DRESS (LIRL)				i
		t (One)				٠.
	(Check if address is changed)		111111111			┵┸┙
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2.	DATE M_M / D	D / Y Y Y Y				İ
	06 3	30 2011				
3.	FEC IDENTIFICATION NU	MBER	C C			
4.	IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)			!
						<u> </u>
l ce	rtify that I have examined this Sta	atement and to the best of my ki	nowledge and belief it is true, correct	t and complete		·
		Dichard Tooms	_			i !
Тур	e or Print Name of Treasure	Richard Teama	11			
Sigi	nature of Treasurer	Alud. a. I	lamen	Date 06	' 29 ' Y Y	11
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NO	TE: Submission of false, erroned	•	ay subject the person signing this St ATION SHOULD BE REPORTEI		s of 2 U.S.C. §437g.	
	Office Use Only	·	For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)	

5.	TYPE OF CO	OMMITTEE (Check One)	
	Candidate (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. (Complete the candidate information below.)	
	Name of Candidate	John F Tavaglione	
	Candidate Party Affiliat	REP Sought: X House Senate President) 3
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comn	nittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the Republican, etc.) Pa	rty.
	Political Ac	tion 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 Fundra	aising 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	nmittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number C	
		4. FEC ID number C	

FEC Form 1 (Revised	02/2009)			Page3	
Write or Type Committee Name	•				
John Tavaglione for C	ongress				
6. Name of Any Connected C	Organization, Affiliated Committee,	Joint Fundralsing Repre	sentative, or Lead	ership PAC Sponsor	
	- 			<u> </u>	
			<u>.</u>	11111	
Mailing Address				1 1 1 1 1 1 1	
				 	
	CITY		STATE A	ZIP CODE 🛕	
Relationship: Connected Organization	on Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor	
7. Custodian of Records: 40 possession of Committee	dentify by name, address, (phone books and records.	e number optional), a	and position of th	e person in	
Full Name	ichard Teaman		<u> </u>	1 1 1 1 1 1 1 1 1	
Mailing Address	4201 Brockton	Ave Ste 100			
	Riverside		CA	92501	
Title or Position ♥ Treasure	CITY A	Telephone r	STATE Anumber 951	ZIP CODE & - 274 - 9500	
	e and address (phone number ny designated agent (e.g., assist		rer of the commi	tee; and the	
Full Name of Treasurer Rich	ard Teaman				
Mailing Address	dress 4201 Brockton Ave Ste 100				
·	Riverside		CA	92501 -	
Title ar Position ♥	CITY A		STATE A	ZIP CODE A	
Treasure	er	Telephone	number 951	_ 274 _ 9500	

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Full Name of Designated Agent	Mr. Ja	avier Carrillo	<u></u>		
Mailing Addres	s	4201 Brockton Ave Ste 100			
		Riverside	CA	92501 -	
Title or Position ♥	itle or Position ♥ CITY A		STATE A	ZIP CODE A	
	Asst. Treasurer		Telephone number 951	_ 274 _ 9500	
Name of Bank, D	City National E		 	<u> </u>	
Mailing Address	3484	1 Central Ave.			
	Rive	erside	CA	92506 _	
	·	CITY 🗻	STATE 4	ZIP CODE 🛕	
Name of Bank, [Depository, etc.				
Mailing Address					
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(3/2005)

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 Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fal Erp 6/30/4 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