Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Angel Cardenas for Congress 3065 Hawaii Ct ADDRESS (number and street) (Check if address is changed) West Sacramento 95691 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS johnfronefield@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00612390 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. John P Fronefield Type or Print Name of Treasurer John P Fronefield [Electronically Filed] 03 19 2016 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can		e 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. (Compleinformation below.)	te the candidate
Nam Cand	e of didate	Angel Cardenas	
	didate	Office Sought A House Senate President	State
Party	/ Affiliati	ion REP Sought: X House Senate President	District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		· · · · · ·	emocratic, publican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		5
Angel Carden	as for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of th	ne person in possession of committee
I	PFronefield	
Full Name L Mailing Address	3065 Hawaii Ct	
J		
	West Sacramento CA	95691
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	530 - 574 - 0609
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	itee; and the name and address of
Full Name John P	Fronefield	
Mailing Address	3065 Hawaii Ct	
	West Sacramento CA	95691
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	530 - 574 - 0609

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1.1
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Wells Fargo	accounts, rents
safety deposit bo	Depository, etc.	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo 2140 Town Center Plz West Sacramento CA 95691	accounts, rents
safety deposit bo Name of Bank, I	Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z Depository, etc.	
Name of Bank, I	Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z Depository, etc.	
Name of Bank, I	Depository, etc. Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z Depository, etc.	
Name of Bank, I	Depository, etc. Wells Fargo 2140 Town Center Plz West Sacramento CITY STATE Z Depository, etc.	