Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stelian Onufrei for Congress 2018 603 E Alton Ave STE G ADDRESS (number and street) (Check if address is changed) Santa Ana 92704 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lysaray.campaignservices@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00650705 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. Ray, Lysa,,, Type or Print Name of Treasurer Ray, Lysa,,, [Electronically Filed] 80 2017 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

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|-------------------|--------------|--|---|
| TYPE (| OF C | ОММІТТЕЕ | |
| Candi | idate | 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 o | | Onufrei, Stelian, , , | |
| Candida | | Office REP Sought: X House Senate President | State |
| Party A | affiliatio | on REP Sought: X House Senate President | District 48 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name o Candida | | | |
| Party | Com | mittee: | |
| (d) | | | Democratic, Republican, etc.) Party. |
| Politic | al A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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 se committee. (i.e., nonconnected committee) | gregated 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.) | |
| Joint F | und | raising 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. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| (| Comi | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| : | 2. | FEC ID number | |
| ; | 3. | FEC ID number | |
| 4 | 4. | | |

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|---|--|---------------------------------|
| Write or Type Committee Name | | raye 3 |
| | for Congress 2018 | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, o | or Leadership PAC Sponsor |
| None | 3 | |
| None | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representati | ive Leadership PAC Sponsor |
| Custodian of Records: Iden books and records. | ntify by name, address (phone number optional) and position of the per | rson in possession of committee |
| Ray, Lysa, | ,,, | 1 |
| Mailing Address | 603 E Alton Ave STE G | |
| ý | | |
| | Santa Ana CA | 92705 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | 14 - 540 - 2295 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; assistant treasurer). | and the name and address of |
| Full Name Ray, Lysa, | ,, | |
| of Treasurer | 603 E Alton Ave STE G | |
| Mailing Address | | |
| | Santa Ana | 92705 |
| | CITY STATE | ZIP CODE |
| Title or Position Treasurer | 71 Telephone number | |

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|--|--|---------------|
| | | |
| Full Name of Designated Agent | None, , , , | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | | |
| cafaty danacit h | Depositories: List all banks or other depositories in which the committee deposits funds, ho | |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Bank of America 3730 Bristol St | 5 |
| Name of Bank, | Depository, etc. Bank of America 3730 Bristol St | ZIP CODE |
| Name of Bank, | Depository, etc. Bank of America 3730 Bristol St Santa Ana CA 92705 | |
| Name of Bank, Mailing Address | Depository, etc. Bank of America 3730 Bristol St Santa Ana CA 92705 | |
| Name of Bank, Mailing Address | Depository, etc. Bank of America 3730 Bristol St Santa Ana CA 92705 CITY STATE Depository, etc. | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. Bank of America 3730 Bristol St Santa Ana CA 92705 CITY STATE Depository, etc. | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. Bank of America 3730 Bristol St Santa Ana CA 92705 CITY STATE Depository, etc. | |