	Ň	RECEIVED FEC MAIL CENTER
FEC FORM 1	STATEMENT OF ORGANIZATION	2021 AUG 12 PH T 49
1. NAME OF COMMITTEE (in	(Check if name Example: If typing, type 12 is changed) over the lines.	Office Use Only FE4M5
	Ers and Architects Assaciati	, , , , , , , , , , , , , , , , , , ,
ADDRESS (number a	Dall in To de almost	
(Check if a is changed	1) Los Angeles IIII	ATE ▲ 21024
COMMITTEE'S E-MA	AIL ADDRESS	
(Check if a is changed	address b) Optional Second E-Mail Address	
COMMITTEE'S WEB		
2. DATE	1 29 2021	
3. FEC IDENTIFIC	CATION NUMBER ► C 00204909	
4. IS THIS STATE	MENT NEW (N) OR X AMENDED (A)	
I certify that I have a	examined this Statement and to the best of my knowledge and belief it is tru of Treasurer MARICEN FONSECA, ELECUM	ie, correct and complete.
Signature of Treasur	er MMMM	07/29/2021
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITH	
Office Use Only	For further information contact Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)

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F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
••• =		DMMITTEE	
(a)		<b>Committee:</b> This committee is a principal campaign committee. (Complete the candidate information below.)	
(U) (D)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	ete the candidate
		information below.)	ete trie candidate
Namo Cand		L	- LI., I LL
	lidate Affiliatio	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	·
Nam Cano	e of didate		
Parl	ty Con		Domocratia
(d)			Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	1/2	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	it Fund	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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Committees Participating in Joint Fundraiser		
	1.	FEC ID number	
	2.	FEC ID number	
	3.		· · · · · ·
	4.		
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FEC Form 1 (Reved 022000)       Page 3         Wrise or Type Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name         Encline Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name         Encline Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name       Encline Committee Name         Maing Address       2911       With Archite Committee State       State       2000E         Relationship       State       2000E       State       2000E         Relationship       Sconnected Organization       Mining Address       2011       With archite Name         OTY       State       2000E       Encline Committee       Joint Fundialising Representative       Leadership PAC Sponsor         7       Custodium of Records: Identify by name, address (oftone number - optional) and position of the person in possession of committee         Full Name       Sandras Wallen Archite States (the number - Optional) and position of the person in possession of committee         Maing Address       2941       With Teemplatic States of the name and address of any designated agent (e.g. assistant treasure)         Full Name       State Archite Archite States (phone number - optonal) of the treasurer of the committee; and t	Γ		Г
Encline CERS and Architects Association Allihed Achow Committee a. Name of Any Connected Organization, Attillated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor ENCLINE CASE AND Architects Association, attillated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor ENCLINE CASE AND Architects Association and Address 2011 Application and Address Balance of Any Connected Organization Attillated Committee July Address Balance of Any Connected Organization Attillated Committee July Address CITY STATE ZIP CODE Relationship. Connected Organization Antillated Committee July International Representative Diseases of committee books and records. Full Name Saadras Valenti, Mailing Address 2941. W. Tempte. Spacet International position of the person in possession of committee books and records. Full Name Saadras Valenti, Tele or Position CITY STATE ZIP CODE Manage Address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of arresource: List the name and address (phone number - optional) of the treasurer of the committee: and the name and address of are	······		Page 3
EWER DEEds       and Archidzets       Association         Bolifaction       Astriction       Association         Mailing Address       29/////2011       Astriction         Unlike       States       1         Mailing Address       29////2011       Astriction         Unlike       States       1         Unlike       Astriction       Attriated Committee       Joint Fundraising Representative       Leadership PAC Sponsor         7.       Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee         Pull Name       Saddract Alenthic       Image: Astriction       Image: Astriction         Mailing Address       29////2011       City       State       Zip code         Ite or Position       City       State       Zip code       Image: Astriction         8.       Tressurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (cg. assistant treasurer).       Full Name       State Astriction         of Tressurer:       List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (cg. assistant treasurer).       Full Name         Mailing Address       29////////////////////////////////////	$\sim$	and Architects Association Political	Action Committee.
Bollifuldia       Address       29/1       LOUID AND HAD AND	6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Image: Second conditions of the condition of the conditis conditis condition of the condition of the condition	ENGENEERS	and Architacto Association	
Image: Second conditions of the condition of the condition of the condition of conditions of the condition of the condition of the condition of conditions of the condition of conditions of the condition of the condition of conditions of the condition of conditions of the condition of conditions of the condition of the condition of conditions of the condition of conditions of the condition of conditions of the condition of the condition of the condition of the condition of conditions of the condition of conditions and records.         Full Name       Second	Rovincial Her	FIOW Committee !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
CITY       STATE       ZIP CODE         Relationship:       Sconnected Organization       Attiliated Committee       Joint Fundraising Representative       Leadership PAC Sponsor         7.       Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records         Full Name       Sandra Valen 1/2         Mailing Address       29 4/1.40         Ite or Position       City         State       ZiP CODE         Ite or Position       City         State       ZiP CODE         Ite or Position       City         State       ZiP CODE         Image: 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       Image: Apple Ap	Mailing Address	12911 WITEmpla Stret !!!!	
CITY       STATE       ZIP CODE         Relationship:       Sconnected Organization       Attiliated Committee       Joint Fundraising Representative       Leadership PAC Sponsor         7.       Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records         Full Name       Sandra Valen 1/2         Mailing Address       29 4/1.40         Ite or Position       City         State       ZiP CODE         Ite or Position       City         State       ZiP CODE         Ite or Position       City         State       ZiP CODE         Image: 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       Image: Apple Ap			
Relationship.		Lois America 1990	226
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name   Full Name Sandra: latent:   Mailing Address 2944.44.7Emple: Stoect:   Mailing Address 2944.44.7Emple: Stoect:   Ite or Position CITY   State ZIP CODE   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 of Treasurer: MARP/GEAL: Full Name Of Treasure: MARP/GEAL: Full Name Of Treasure: MARP/GEAL: Full Name Of Treasure: CITY STATE ZIP CODE CITY STATE ZIP CODE Description: The or Position Treasure: CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE </th <th></th> <th>CITY STATE</th> <th>ZIP CODE</th>		CITY STATE	ZIP CODE
books and records. Full Name <u>Sandra Valenti</u> Mailing Address <u>PAHI WI Temple Spect</u> USS <u>AnGASES</u> Title or Position CITY STATE ZIP CODE <u>Manual Address</u> (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g. assistant treasurer). Full Name of Treasurer <u>MARI CECAL</u> <u>Faniste CAL</u> <u>Goutfive</u> <u>Discention</u> Wailing Address <u>PAHI WI Temple</u> <u>State</u> <u>Discention</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> <u>State</u> <u>ZiP CODE</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u>	Relationship.	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
Mailing Address       29,41.4.1.7.Emplie.Scheet		entify by name, address (phone number optional) and position of the person in po	ossession of committee
Title or Position       CITY       STATE       ZIP CODE         Image: Comparison of the composition of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).       Telephone number       ZI, ZI, ZIP CODE         Full Name of Treasurer       Mailing Address       Pant/SE, CA, Compton in the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).       Full Name of Treasurer         Full Name of Treasurer       MAR/CEAL       Fant/SE, CAL       Generative for the committee; and the name and address of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).         Full Name of Treasurer       MAR/CEAL       Fant/SE, CAL       Generative for the committee; and the name and address of the treasurer of the committee; and the name and address of the treasurer.         Full Name of Treasurer       MAR/CEAL       Fant/SE, CAL       Generative for the telephone of the treasurer.         Full Name of Treasurer       CITY       State       Descal for the telephone of thel	Full Name	adra Valenti	
Title or Position       CITY       STATE       ZIP CODE         Image: Control of the second of the	Mailing Address	2911 W. Temple, Street	
Title or Position       CITY       STATE       ZIP CODE         Image: Control of the second of the			
Image: Angle Algorithm       Telephone number       Elsi-622-6920         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 of Treasurer       MAR/SEAL		LOS Angeles I la ga	026]-[]
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 of Treasurer $MAR/6EA = FahlSiEiCA = GaudiovE = BaadiovE = BaadiovE = How and the name and address of the committee; and the committee; and the committee; and the committee; and the name and address of the committee; and the name and address of the committee; and th$	Title or Position	CITY STATE	ZIP CODE
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	L <u>SFERMATSY</u> ELLE	Telephone number	<u>(420)</u> -[ <u>4920]</u> 

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Full Name of Designated Agent Sandray I Walkin Hill	
Mailing Address 2911 111 Temple 18	£
Los Angeles	
Title or Position	STATE ZIP CODE

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9. 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.

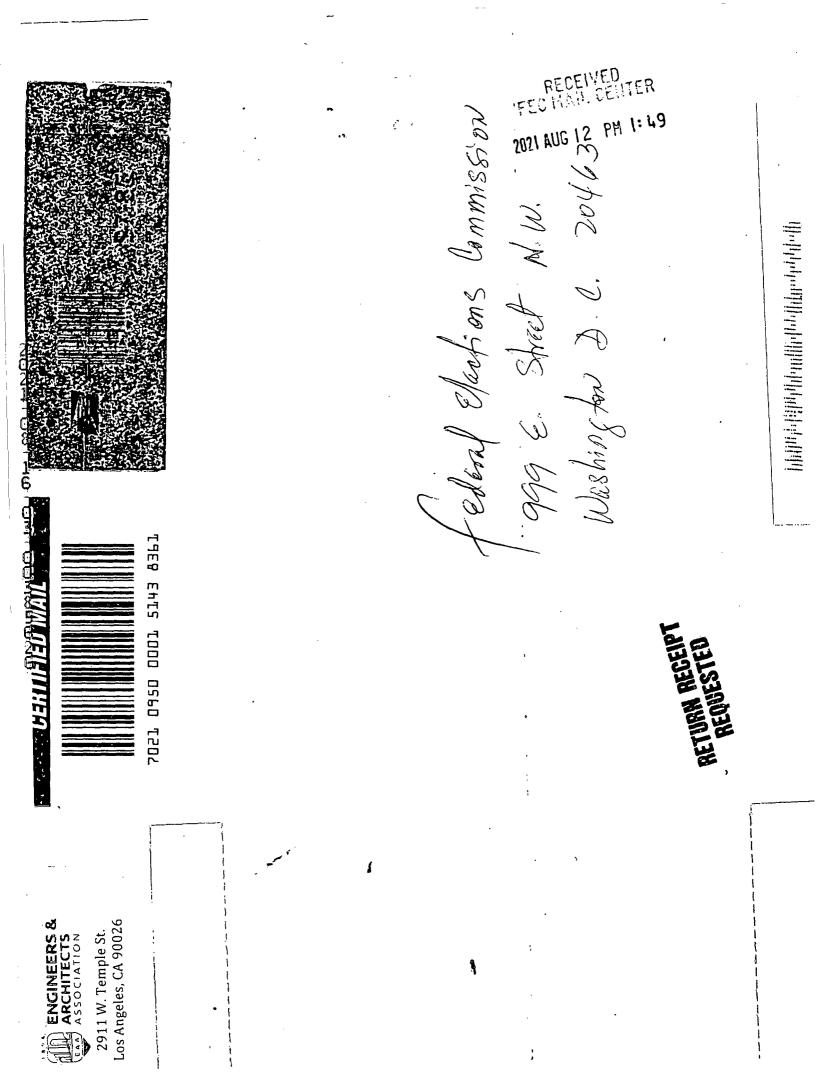
Name of Bank, Depository, etc.

· Calint Union 1 Lol barnia øV. 12 513 Mailing Address 90026 ZIP CODE CITY STATE

Name of Bank, Depository, etc.

Mailing Address			
	CITY	STATE	ZIP CODE

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