

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

NOMORECPD 2016 PRESIDENTIAL CAMPAIGN COMMITTEE

ADDRESS (number and street)

5517 BROADWAY UNIT 42

☐ (Check if address is changed)

BRONX

CITY ▲

NY

STATE ▲

10463-0701

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

CMYKRGB409@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

09 / 06 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00586164

4. 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 VICTORIA ANGELINA AGUILAR

Signature of Treasurer

VICTORIA ANGELINA AGUILAR

[Electronically Filed]

Date

09 / 07 / 2015

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. 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. (Complete the candidate information below.)

Name of Candidate

ANDREW NOMORECPD MARTIN

Candidate
Party Affiliation

UNK

Office
Sought:

House

Senate

☒

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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 Fundraising 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

NOMORECPD 2016 PRESIDENTIAL CAMPAIGN COMMITTEE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated 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

VICTORIA ANGELINA AGUILAR

Mailing Address

5517 BROADWAY UNIT 42

BRONX

NY

10463-0701

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

347

659

4792

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

VICTORIA ANGELINA AGUILAR

Mailing Address

5517 BROADWAY UNIT 42

BRONX

NY

10463-0701

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

347

659

4792

Full Name of
Designated
Agent

FRANK W. RUBIO

Mailing Address

5517 BROADWAY UNIT 42

ATTN: MR AGUILAR

BRONX

CITY

NY

STATE

10463-0701

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

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.

WE HAVE NO FUNDS YET, NATIONAL ASSOCIATION

Mailing Address

3240 SW EVERGREEN TER

SPRINGFIELD

CITY

OR

STATE

97477

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: F1A

Transaction ID :

We do not yet have a bank account. We will create one as soon as is feasible and will amend this form at once. The bank name and address listed are not accurate; we apologize for this but it was the only way we could possibly proceed with the filing in a timely fashion without fraudulently claiming to store campaign funds in an actual bank. We did not want to miss the 10-day filing window simply due to a strange committee name which has delayed bank account approval. Sincerely, Victoria A. Aguilar Treasurer and Custodian of Records, Nomorecpd 2016 PCC

Form/Schedule:

Transaction ID: