## STATEMENT OF

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**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. Annette Meza for Congress PO Box 13501 ADDRESS (number and street) (Check if address is changed) San Diego 92170 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Contact@annettemeza.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) AnnetteMeza.com (Check if address is changed) DATE 29 2019 C00725622 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. Mitchell, Gretchen, , , Type or Print Name of Treasurer Mitchell, Gretchen, , , [Electronically Filed] 03 2019 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Ca		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. (Con information below.)	plete the candidate
	ne of ndidate	Meza, Annette, , ,	
	ndidate ty Affiliati	on DEM Office Sought: * House Senate President	State CA District 53
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
. ,	ne of	,,,,	
	ndidate		
Pa	rty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Pol	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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.)	
Joi	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	wo or more political
(0)	ш	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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	0.		
	4.		

_	sed 02/2009) Page <b>3</b>
Write or Type Committee N	lame
Annette Meza	a for Congress
. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso
NONE	
Mailing Address	
	CITY STATE ZIP CODE
	Affiliated Committee Joint Fundraising Representative Leadership PAC Spontage Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify by name, address (phone number optional) and position of the person in possession of committee Identify Identi
books and records.	
	ell, Gretchen, , ,
Full Name	
Full Name LILL  Mailing Address	PO Box 13501
	PO Box 13501
	PO Box 13501  San Dlego  CA 92170  ———————————————————————————————————
Mailing Address	San Diego  CA 92170
Mailing Address  Title or Position  Treasurer	San Dlego  CITY  STATE  ZIP CODE  Telephone number  and address (phone number optional) of the treasurer of the committee; and the name and address of the committee; and the name and address of the committee and the name an
Mailing Address  Title or Position  Treasurer  Treasurer: List the name any designated agent (e.g.)	San Dlego  CITY  STATE  ZIP CODE  Telephone number  and address (phone number optional) of the treasurer of the committee; and the name and address of the committee; and the name and address of the committee and the name an
Mailing Address  Title or Position  Treasurer  Treasurer: List the name any designated agent (e.e.	San Diego  CITY  STATE  ZIP CODE  Telephone number  and address (phone number optional) of the treasurer of the committee; and the name and address g., assistant treasurer).
Title or Position  Treasurer  Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	San Dlego  CITY  STATE  ZIP CODE  Telephone number  and address (phone number optional) of the treasurer of the committee; and the name and address g., assistant treasurer).
Title or Position  Treasurer  Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	San Dlego  CITY  STATE  ZIP CODE  Telephone number  and address (phone number optional) of the treasurer of the committee; and the name and address g., assistant treasurer).

. 20 . 0	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.	
	Depository, etc.  San Diego County Credit Union  ,312 W Main St	
Name of Bank,	Depository, etc.  San Diego County Credit Union  ,312 W Main St	
Name of Bank,	Depository, etc.  San Diego County Credit Union  ,312 W Main St	
Name of Bank,	Depository, etc.  San Diego County Credit Union  312 W Main St	ZIP CODE
Name of Bank,	San Diego County Credit Union  312 W Main St  El Cajon  CITY  STATE	
Name of Bank,  Mailing Address	Depository, etc.  San Diego County Credit Union  312 W Main St  El Cajon  CA  9202  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  San Diego County Credit Union  312 W Main St  El Cajon  CITY  STATE  Depository, etc.	
Name of Bank,  Mailing Address	Depository, etc.  San Diego County Credit Union  312 W Main St  El Cajon  CITY  STATE  Depository, etc.	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  San Diego County Credit Union  312 W Main St  El Cajon  CITY  STATE  Depository, etc.	
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