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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) 40th Assembly District (R) Central Committee (Federal) 28132 Alaminos Drive ADDRESS (number and street) (Check if address is changed) Santa Clarita 91350 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS m.funicello@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00469254 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. Funicello, Matt, J, Mr, Type or Print Name of Treasurer Funicello, Matt, J, Mr, [Electronically Filed] Date 03 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 <b>Form 1</b> (Re	vised 03/2022)	Page 2	
TYPE OF CO	OMMITTEE:		
Candidate	Committee:		
(a) Thi	s committee is a principal campaign committee. (Complete the candidate information below.)		
	s committee is an authorized committee, and is NOT a principal campaign committee. (Complete the principal below.)	candidate	
Name of Candidate			
Candidate Party Affilia	tion Office Sought: House Senate President	State District 00	
(c) Thi	s committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	mittee:		
	s committee is a (National, State (Democratic, or subordinate) committee of the Republican,	etc.) Party	
Political Ac	ction Committee (PAC):		
(e) This	s committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:	
	Corporation W/o Capital Stock Labor Or	ganization	
	Membership Organization Trade Association Cooperat	ive	
	In addition, this committee is a Lobbyist/Registrant PAC.		
1 7	s committee supports/opposes more than one Federal candidate, and is NOT a separate segregated nmittee. (i.e., nonconnected committee)	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.)		
(g) This committee is an independent expenditure-only political committee (Super PAC).			
	In addition, this committee is a Lobbyist/Registrant PAC.		
(h) Thi	s committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).	
	In addition, this committee is a Lobbyist/Registrant PAC.		
Joint Fund	raising Representative:		
(1)	s committee collects contributions, pays fundraising expenses and disburses net proceeds for two or nmittees/organizations, at least one of which is an authorized committee of a federal candidate.	more political	
(1)	s committee collects contributions, pays fundraising expenses and disburses net proceeds for two or nmittees/organizations, none of which is an authorized committee of a federal candidate.	more political	
Committe	es Participating in Joint Fundraiser		
1.	C		
1	C		

Write or Type Committee Name  40th Assembly District (R) Central Committee (Federal)  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso NONE  Mailing Address  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC S  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.	r
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponson NONE  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC S  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee	r
NONE  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC S  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee	r
Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC S  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee	
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<ul><li>7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee</li></ul>	
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טטטאס מווע ופטטועס.	
Funicello, Matt, J, Mr,	
Full Name	ı
28132 Alaminos Dr	
Mailing Address	
Saugus CA 91350 -	
CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼	
Record Keeper     818     430     5140	
Telephone number	
O Treasurery List the name and address (above numbers, antional) of the treasurery of the committees and the name and address	
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	ונ
Full Name Funicello, Matt, J, Mr,	
of Treasurer	
Mailing Address 28132 Alaminos Dr	ı
Mailing Address	
Saugus CA 91350	
CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼	
Treasurer Telephone number 818 514	

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Full Name of Designated	,					
Agent [						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE	<b>■</b>			
	Telephor	ne number				
Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in which the coes or maintains funds.	ommittee deposits funds, holds accounts,	rents			
Name of Bank, Depository, etc.						
Ĺ	Chase Bank					
Mailing Address	894 Sir Francis Drake Boulevard					
	San Anselmo	CA 94960-1914 –				
	CITY ▲	STATE ▲ ZIP CODE	<b>A</b>			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY A	STATE ▲ ZIP CODE	<b>A</b>			

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID :

Changed PAC type

Form/Schedule: Transaction ID: