## 2023 - 11 - 06 - 05 - 00354784

**FEC** 

## STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS 4d.api.caucus Ogmail.con (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 10/17/2023 DATE FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the pest of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date

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	i i	For further information contact:	FEC FORM 1
Use	1	 Federal Election Commission	(Revised 03/2022)
Only	]	Toll Free 800-424-9530	(Hevised 03/2022)
- 7	<u> </u>	 Local 202-694-1100	

C Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (committee information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pres	State sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	e. ——·
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State	(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
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated 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.	
	s (Hybrid PAC)
I his committee is a political committee with both contribution and non-contribution accounts  In addition, this committee is a Lobbyist/Registrant PAC.	s triyunu FAOJ.
in addition, this committee is a Lobbyist Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal care	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	•
Committees Participating in Joint Fundraiser	
1. [	
2.1	4 4 4 4 4 4

	FEC Form 1 (Revised					Page 3
Writ	te or Type Committee Nam	e			•	
i. <b>I</b>	Name of Any Connected	Organization, Affilia	ated Committee, Joint	Fundraising Rep	resentative, or L	eadership PAC Sponsor
Ĺ	<u> </u>		11111	<del></del>		
Į	<u> </u>		<del></del>		<del>-   -   -   -   -   -   -   -   -   -  </del>	
ı	Mailing Address	L	<u> </u>	<u> </u>		<u> </u>
		L	<del></del>	<del>-                                     </del>		 <del></del>
	•	<u>,                                    </u>	CITY A	لللبا	L⊥ L STATE ▲	ZIP CODE ▲
F	Relationship: Connecte	d Organization	Affiliated Organization	Joint Fundraisin	g Representative	Leadership PAC Spons
	Custodian of Records: Idea	ntify by name, addres	ss (phone number op	tional) and position	of the person in p	ossession of committee
	Full Name HOG	ing N	guyen 3 W.	210 51		
1	walling Address	Ap+	55-311	<del>                                     </del>		<u> </u>
		LOS A	ngles.		CA C	30004-
-	Fitle or Position ▼		CITY A		STATE ▲	ZIP CODE ▲
ŀ	chair		<u>.</u>	Telephone nu	mber 7/1	1-7.09-5.22
	Freasurer: List the name a any designated agent (e.g.,			the treasurer of the	e committee; and	the name and address of
	Full Name of Treasurer	ng Mg	nyen		,	
. 1	Mailing Address	13333	w. 2	3+, 	<u> </u>	
	,	LOS	Angeles		CA (	90804-
			CITY A	•	STATE ▲	ZIP. CODE ▲
1	Title or Position ▼	, , , , , , , , , , , , , , , , , , , ,		J Telephone nu	mber 7/1	1-709-6226

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FEC Form	1 (Revised 03/2022)		<u>.</u> .	Page 4
Full Name of Designated Agent				
Mailing Address			<u>                                      </u>	
	<u> </u>		1111111	
			ليا ليب	
Title or Position	<b>▼</b>	CITY ▲	STATE ▲	ZIP CODE A
			Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or othe oxes or maintains funds.	r depositories in whic	h the committee deposits	funds, holds accounts, rents
Name of Bank, [	Depository, etc.			
Mailing Address	Golden 2 Crea	Gt. Union	^ ·	
	L PHOTOL	city A	CAT STATE ▲	958114 ZIP CODE ▲
Name of Bank, [	Depository, etc.			
			<u> </u>	
Mailing Address				
-	- [		111111	
		1111111	لـا لـــــ	
• •		CITY A	STATE ▲	ZIP CODE A

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	FEC Form 1S (Revised 03/2022)	Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9	Page of
5(i)	or(j). <b>Joint Fundraising Particip</b>	pant:	
	1.	FEC ID number	C
	2.	FEC ID number	C
	3.	FEC ID number	C
	4.	FEC ID number	C
6.	Name of Any Connected Organization	tion, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address		
	<u> </u>	<u> </u>	
	Relationship:	CITY ▲ STATE ▲	ZIP CODE ▲
	Connected Organiza	ation Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify by name	e, address (phone number – optional)	
	Full Name		لتثبيبي
	Mailing Address		
	ليا		
	ـــــــ		السيا-السيا
	TITLE OR POSITION ▼	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone Number	·
9.	Banks or Other Depositories: List safety deposit boxes or maintains ful	all banks or other depositories in which the committee deposit ands.	s funds, holds accounts, rents
-	Name of Bank, Depository, etc.		1
	Mailing Address		
			1

CITY A

STATE A

ZIP CODE ▲

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w. 2 rd St.

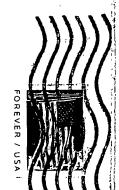
Angeles, CA 90004

reducal election commission

1050 First St., NE Washington D.C. 20463

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