STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION 2		20 3 HOV -4	AM 8: 03 Offering		
1. NAME OF COMMITTEE (in	n full)	(Check if n is changed		ample:If typing, type or the lines.	1ŽFĚ4M5	
Justin Fareed f	or Congres	88 				
	1-1-1-1					
ADDRESS (number a	and street)	2151 S College	Dr Ste 101			
(Check if a is changed)		Santa Maria			CA	93455
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide or trentb@benedet		ddress)		
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE	29	2013				
3. FEC IDENTIFIC	CATION NU	MBER	C	<u>, , , , , , , , , , , , , , , , , , , </u>		
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have o	examined thi	s Statement and to	the best of my	knowledge and belie	f it is true, correct	and complete.
Type or Print Name	of Treasurer					
Signature of Treasure	er Tu	est benobit	5		Date LO	1 29 2013
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				For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	orm 1 (Revised 02/2009)	Page 2				
		COMMITTEE					
Cer		e Committee:					
(a)	х	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.)					
	ne of didate	Justin Farsed					
	didete y Affiliati	Office Sought: X House Senate President	State CA District 24				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Providence of the second				
Nam Cano	e of didate						
Par	ty Cor	mmittee:					
(d)	0		emocratic, publican, etc.) Party.				
Poli	itical A	Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:				
		Corporation Wo Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	gated 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	nt Fund	draising 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.	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.	or more political				
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number					
	4.	FEC ID number C					

Write or Type Committee Name		
The state of the s		
Justin Fareed for Congress		
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Ndne		
Mailing Address		
!		
!		
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundralsing Representative Lead	dership PAC Sponso
		-
 Custodian of Records: Identi books and records. 	ify by name, address (phone number optional) and position of the person in poss	ession of committee
Trent Ben	uedetti !	1 1 1 1 1 1
Mailing Address	2151 S. College Dr Ste 101	
1	<u> </u>	1 1 1 1 1
l	Santa Maria CA 93455	
Title or Position	CITY STATE Z	ZIP CODE
	, 805 , 92:	2 , , 4881
Custodian of Records	Telephone number	
	address (phone number optional) of the treasurer of the committee; and the nam	
. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the namesistant treasurer).	
. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the namesistant treasurer).	
Treasurer: List the name and any designated agent (e.g., as Full Name of Treasurer Trent Ben	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	
Treasurer: List the name and any designated agent (e.g., as Full Name of Treasurer Trent Ben	address (phone number optional) of the treasurer of the committee; and the name assistant treasurer). Dedetti 2151 S. College Dr Ste 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Full Name of Designated Agent			
Mailing Address			
		11111	
	CITY	STATE	ZIP CODE
Title or Position		e number	لــــا-لـــا
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, o		mmittee deposits f	unds, holds accounts, rents
لبيا			
Mailing Address			
		11111	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, of	etc.		
لبينا			
Mailing Address	2060 S Broadway		
	Santa Maria	[CA]	93454
	CITY	STATE	ZIP CODE

FE3AN042.PDF

MONITOR DESIGNATION

RECEIVED 2013 NOV -4 AM 8: 03 FEC MAIL CENTER

ALTURN RECEIPT REQUESTED

FIRST CLASS MAIL

BENEDETTI CASSOCIATES

CERTIFIED PUBLIC ACCOUNTANT, INC. 2151 S. College Drive, Suite 101 Santa Maria, CA 93455-1304

ŢÖ:

Federal Election Commission Washington, DC 20463 999 E. Street, NW

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED