PAGE 1/6 STATEMENT OF **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. DR HECTOR CASTILLO FOR CONGRESS P O BOX 363 / 14-45 RIVER RD ADDRESS (number and street) (Check if address is changed) FAIR LAWN 07410 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS drhectorlcastillo@gmail.com (Check if address is changed) Optional Second E-Mail Address hectorcastilloforcongress@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2019 C00729640 FEC IDENTIFICATION NUMBER > 3. 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. HUERTAS, GUILLERMO, , , Type or Print Name of Treasurer HUERTAS, GUILLERMO, , , [Electronically Filed] 12 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) Only

Toll Free 800-424-9530 Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	
	ate Committee:	
(a) <b>x</b>	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.)	nplete the candidate
Name of Candidate	CASTILLO, HECTOR, L, DR,	
Candidate Party Affili	DED Times	State NJ District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	(National, State This committee is a 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 co	nnected 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 s committee. (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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

Γ			
FEC Form 1 (Revi	sed 02/2009)		Page <b>3</b>
Write or Type Committee N	Name		
DR HECTOR	CASTILLO FOR CO	NGRESS	
6. Name of Any Connect	ted Organization, Affiliated Committee,	Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee	e Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number	r optional) and position of th	e person in possession of committee
	RTAS, GUILLERMO, , ,		
Full Name	106 ROSSITER AVE		
Mailing Address			
	PATERSON	, NJ	, ,07502
	PATERSON	110	-   -   -   -   -   -   -   -   -   -
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	973 - 703 - 4348
Treasurer: List the name any designated agent (e	e and address (phone number optional) e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name HUER of Treasurer	RTAS, GUILLERMO, , ,		
Mailing Address	106 ROSSITER AVE		
	PATERSON	NJ	07502
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	973 - 703 - 4348

FEC <b>For</b> i	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	PAJUELO, YENY, , ,	
Mailing Address	114 33TH STREET	
	APT 5	
	UNION CITY NJ 07087	
Title or Position	CITY STATE ZIP	CODE
SECRETARY	Telephone number 201 – 682	_   _   1810
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds ac oxes or maintains funds.  Depository, etc.  WELL FARGO BANK	ecounts, rents
Mailing Address	1008 MADISON AVE	
	PATERSON NJ 07501	
	CITY STATE ZIF	CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE ZIF	CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

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n). Joint Fundraising		FFC ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	by name, address (phone number - optional)	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify b CASTILLO, Full Name		III Fulluraising nepresent	Leadership PAC S
esignated Agent: Identify b	oy name, address (phone number – optional)  ANDRES, , ,	III Fulluraising nepresent	Leadership PAC S
esignated Agent: Identify b CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE		
esignated Agent: Identify b CASTILLO, Full Name	y name, address (phone number – optional) ANDRES, , ,  206 GARSIDE AVE  WAYNE	NJ	07470
esignated Agent: Identify be CASTILLO, Full Name Line Mailing Address	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE	NJ STATE A	07470 ZIP CODE <b>A</b>
esignated Agent: Identify b CASTILLO, Full Name LILI	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY	NJ STATE A	07470
CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>
CASTILLO, Full Name  Mailing Address  TITLE OR POSITION  MANAGER  MANAGER  Anks or Other Depositorie fety deposit boxes or main	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>
CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>
CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>
CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>
CASTILLO, Full Name	oy name, address (phone number – optional)  ANDRES, , ,  206 GARSIDE AVE  WAYNE  CITY   cs: List all banks or other depositories in which	STATE A Telephone Number	07470 ZIP CODE <b>A</b>

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	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, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8.	CASTILLO	by name, address (phone number – optional)  O, HECTOR, L, ,		
8.	CASTILLO	-		
8.	CASTILLO	O, HECTOR, L, ,  24 SHINNECOCK TRAIL		
8.	CASTILLO	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES	NJ	07417
8.	CASTILLO Full Name  Mailing Address  TITLE OR POSITION	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY	STATE ▲	ZIP CODE ▲
8.	CASTILLO Full Name	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY A	STATE ▲	
9.	CASTILLO Full Name  Mailing Address  TITLE OR POSITION ASSISTENT TREASURE ASSISTENT TREASURE Banks or Other Depositor safety deposit boxes or ma	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY A  ER  Tele  ries: List all banks or other depositories in which the	STATE ▲	ZIP CODE ▲  201 - 560 - 2625
9.	CASTILLO Full Name  Mailing Address  TITLE OR POSITION ASSISTENT TREASURE  Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY A  ER  Tele  ries: List all banks or other depositories in which the	STATE ▲	ZIP CODE ▲  201 - 560 - 2625
9.	CASTILLO Full Name  Mailing Address  TITLE OR POSITION ASSISTENT TREASURE ASSISTENT TREASURE Banks or Other Depositor safety deposit boxes or ma	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY A  ER  Tele  ries: List all banks or other depositories in which the	STATE ▲	ZIP CODE ▲  201 - 560 - 2625
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9.	CASTILLO Full Name  Mailing Address  TITLE OR POSITION ASSISTENT TREASURE  Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	O, HECTOR, L, ,  24 SHINNECOCK TRAIL  FRANKLIN LAKES  CITY A  ER  Tele  ries: List all banks or other depositories in which the	STATE ▲	ZIP CODE ▲  201 - 560 - 2625