

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

DR HECTOR CASTILLO FOR CONGRESS

ADDRESS (number and street)

P O BOX 363 / 14-45 RIVER RD

(Check if address is changed)

FAIR LAWN

CITY ▲

NJ

STATE ▲

07410

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

drhectorlcastillo@gmail.com

Optional Second E-Mail Address

hectorcastilloforcongress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 04 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00729640

4. 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.

Type or Print Name of Treasurer HUERTAS, GUILLERMO, , ,

Signature of Treasurer

HUERTAS, GUILLERMO, , ,

[Electronically Filed]

Date

12 / 04 / 2019

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 Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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.)

Name of Candidate CASTILLO, HECTOR, L, DR,

Candidate Party Affiliation REP Office Sought: House Senate President State NJ District 05

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State 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 connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

DR HECTOR CASTILLO FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name HUERTAS, GUILLERMO, , ,

Mailing Address 106 ROSSITER AVE

PATERSON

NJ

07502

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 973 - 703 - 4348

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer HUERTAS, GUILLERMO, , ,

Mailing Address 106 ROSSITER AVE

PATERSON

NJ

07502

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number 973 - 703 - 4348

Full Name of Designated Agent PAJUELO, YENY, , ,
Mailing Address 114 33TH STREET
APT 5
UNION CITY NJ 07087
CITY STATE ZIP CODE
Title or Position SECRETARY Telephone number 201 - 682 - 1810

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELL FARGO BANK

Mailing Address 1008 MADISON AVE
PATERSON NJ 07501
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

| | | | |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). Joint Fundraising Participant:

| | | | |
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Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number - -

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Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲