

728 W. Edna Pl.
Covina CA. 91722
626.915-7635
626.915.6626
yolimiranda@hotmail.com

**Yolanda Miranda &
Associates**

September 13, 2011

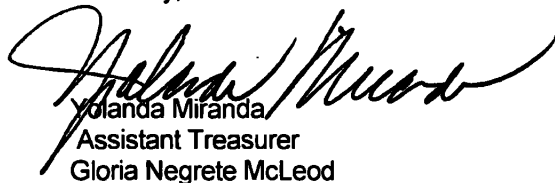
Federal Election Commission
999 E. Street NW
Washington, DC 20463

Re: Gloria Negrete McLeod for Congress

I will like to request a password for this committee to e-file.

Thank you.

Sincerely,


Yolanda Miranda
Assistant Treasurer
Gloria Negrete McLeod

RECEIVED
2011 SEP 26 AM 10:36
FEC MAIL CENTER

90839905011

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 SEP 26 AM 10:36 FEC MAN CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Gloria Negrete McLeod for Congress

ADDRESS (number and street) 5415 Francis Ave. (Check if address is changed) Chino CA 91710 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) yolimiranda@hotmail.com (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 09 13 2011

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Gilbert L. McLeod

Signature of Treasurer [Handwritten Signature] Date 09 13 2011

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 02/2009)

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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 Gloria Negrete McLeod

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 35

- (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

11030663808

Write or Type Committee Name

Gloria Negrete McLeod 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

Gilbert L. McLeod

Mailing Address

5415 Francis Ave

Chino

CA

91710

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

909

628

1051

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

Gilbert L. McLeod

Mailing Address

5415 Francis Ave.

Chino

CA

91710

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

909

628

1051

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Full Name of Designated Agent

Yolanda Miranda

Mailing Address

728 W. Edna Place

Covina

CITY

CA

STATE

91722

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

626

915

7635

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.

California Bank & Trust

Mailing Address

5455 Riverside Drive

Chino

CITY

CA

STATE

91710

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030663810

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.

11030663811

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 9/14/11
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

9/26/11

DATE PREPARED