

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2016 DEC 16 AM 10:46
Office Use Only

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

12FE4M5

Yolie Flores for Congress

ADDRESS (number and street) 3756 W. Avenue 40, Suite K, #477

☐ (Check if address is changed)

Los Angeles CA 90065
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed) Flores2017@deanqandcompany.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE 12 / 12 / 2016

3. FEC IDENTIFICATION NUMBER C

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 Kimberly Lutz

Signature of Treasurer 

Date 12 / 12 / 2016

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
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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

Yolie Flores

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

☐

Senate

☐

President

State

CA

District

34

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

Write or Type Committee Name

Yolie Flores 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 Kimberly Lutz

Mailing Address

1787 Tribute Road, Suite K

Sacramento

CA

95815

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 916 - 285 - 5733

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 Kimberly Lutz

Mailing Address

1787 Tribute Road, Suite K

Sacramento

CA

95815

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 916 - 285 - 5733

Full Name of
Designated
Agent

Yolie Flores

Mailing Address

3756 W. Avenue 40, Suite K, #477

Los Angeles

CITY

CA

STATE

90065

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

916

285

5733

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.

Community 1st Bank

Mailing Address

1601 Response Road, Suite 190

Sacramento

CITY

CA

STATE

95815

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Pull to open.

ORIGIN ID:BLUA (916) 285-5733
MADISON CAJUELAN
DEANE & COMPANY
1787 TRIBUTE ROAD, SUITE K
SACRAMENTO, CA 95815
UNITED STATES US

SHIP DATE: 15DEC16
ACTWGT: 0.50 LB
CAD: 105557870/INET3790
BILL SENDER



TO **FEDERAL ELECTION COMMISSION**

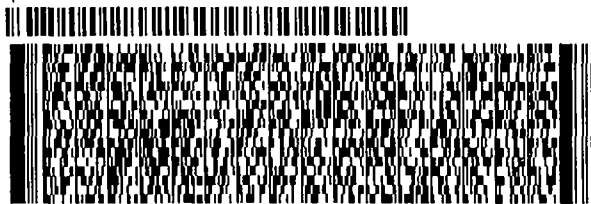
999 E STREET NW

WASHINGTON DC 20463

(916) 285-5733
INV.
PO:

REF: FLORES 2017 16-168

DEPT:



FedEx
Express



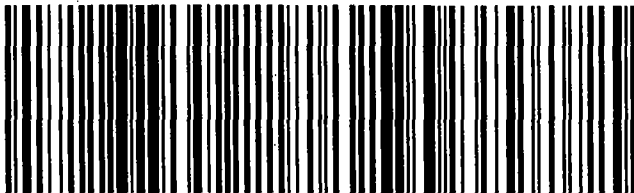
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FRI - 16 DEC 10:30A
PRIORITY OVERNIGHT

TRK#
0201 **7779 6936 5838**

XC RDVA

20463
DC-US IAD




Extremely Urgent

2016-12-16 00:16:08-14

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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.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed ex</i>	Shipping Date <i>12/15/16</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
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<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	<i>12/16/16</i> DATE PREPARED