FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. John Anzalone for Congress 3020 Duneville Street ADDRESS (number and street) (Check if address is changed) Las Vegas 89146 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS johnanzaloneforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://sites.google.com/site/johnanzaloneforcongress/ (Check if address is changed) DATE 2017 C00663930 FEC IDENTIFICATION NUMBER > 3. X 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. Miller, Joseph, Todd,, Type or Print Name of Treasurer Miller, Joseph, Todd,, [Electronically Filed] 12 2017 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) Toll Free 800-424-9530

Local 202-694-1100

			- •
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		OMMITTEE • Committee:	
(a)	x	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. (Cominformation below.)	plete the candidate
Nam Cand	e of lidate	Anzalone, John, Anthony, Dr.,	
	lidate ⁄ Affiliati	on DEM Office Sought: * House Senate President	State NV District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:
		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 secommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		<u> </u>						
John Anzalone	for Congress							
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor						
NONE								
Mailing Address								
	CITY STATE	ZIP CODE						
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor						
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee						
Miller, Jose	Miller, Joseph, Todd, ,							
	3020 Duneville St							
Mailing Address								
	Las Vegas NV 89	146						
Title or Position	CITY STATE	ZIP CODE						
Executive Director	Telephone number 702	- 335 - 3128						
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and to assistant treasurer).	he name and address of						
Full Name Miller, Jose of Treasurer	eph, Todd, ,							
Mailing Address	3020 Duneville St							
	Las Vegas NV 89							
Title or Position Executive Director	CITY STATE	ZIP CODE 1 335 3128						

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Full Name of Designated Agent	<u> </u>	<u> </u>
Mailing Address		
aming Addicess		
	CITY STATE	ZIP CODE
Title or Position	JINLE SINLE	
Name of Bank,		
Mailing Address	Silver State Schools PO Box 12037	
	,PO Box 12037	
	,PO Box 12037	
	PO Box 12037	ZIP CODE
	PO Box 12037 Las Vegas NV 89112 CITY STATE	ZIP CODE
Mailing Address	PO Box 12037 Las Vegas NV 89112 CITY STATE	ZIP CODE
Mailing Address	PO Box 12037 Las Vegas CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	PO Box 12037 Las Vegas CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	PO Box 12037 Las Vegas CITY STATE Depository, etc.	ZIP CODE