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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. HIDALGO FOR CONGRESS 2020 15946 WINESPRINGS DR ADDRESS (number and street) (Check if address is changed) SAN DIEGO 92127 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .j.m.hidalgojr@gmail.com (Check if address is changed) Optional Second E-Mail Address reynapuente01@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.hidalgoforcongress.com (Check if address is changed) DATE 2020 C00721738 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. Puente, Reyna, Angelica, , Type or Print Name of Treasurer Puente, Reyna, Angelica, , [Electronically Filed] 01 2020 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 Only

Local 202-694-1100

ı	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e 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. (Cor information below.)	mplete the candidate
Name Cand	e of didate	HIDALGO, JUAN, , ,	
	didate / Affiliati	ion Rep Office Sought: House Senate President	State CA District 51
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	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 scommittee. (i.e., nonconnected committee)	segregated 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	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Na		- 3
HIDALGO FO	R CONGRESS 2020	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	itive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
. Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
	e, Reyna, Angelica, ,	
Full Name	7431 Fulton Street	
Mailing Address		
	San Diego , CA	, ,92111
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	619 - 459 - 0968
s. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commi	ittee; and the name and address of
Full Name Puente of Treasurer	, Reyna, Angelica, ,	
Mailing Address	7431 Fulton Street	
	San Diego CA	92111
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	619 - 459 - 0968

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Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		1 1
	Telephone number =	
Mailing Address	Union Bank 3285 Lemon Grove Ave Lemon Grove CA 91945	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Mailing Address	3285 Lemon Grove Ave Lemon Grove CA 91945	P CODE
Mailing Address Name of Bank, I	3285 Lemon Grove Ave Lemon Grove CA 91945 CITY STATE ZIF	P CODE
	3285 Lemon Grove Ave Lemon Grove CA 91945 CITY STATE ZIF	P CODE
	3285 Lemon Grove Ave Lemon Grove CA 91945 CITY STATE ZIF	P CODE
Name of Bank, I	3285 Lemon Grove Ave Lemon Grove CA 91945 CITY STATE ZIF	P CODE
Name of Bank, I	3285 Lemon Grove Ave Lemon Grove CA 91945 CITY STATE ZIF	CODE