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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bassilian for Congress PO Box 66191 ADDRESS (number and street) (Check if address is changed) Los Angeles 90066 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@ronfor37.org (Check if address is changed) Optional Second E-Mail Address info@ronfor37.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2017 C00652222 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. Bassilian, Ron, , Mr., Type or Print Name of Treasurer Bassilian, Ron, , Mr., [Electronically Filed] 05 16 2018 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

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	ididate ×	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
. ,	H		Al
(b)	ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Nam Cand	e of didate	Bassilian, Ron, , ,	
Cano	didate	Office	State
Party	/ Affiliati	tion REP Sought: X House Senate President	District 37
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam			1 1 1 1 1 1
	lidate		
Par	ty Con		nocratic,
(d)	Ш	This committee is a or subordinate) committee of the Rep	ublican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)	Ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a
		Corporation Corporation w/o Capital Stock La	bor Organization
		Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	ated 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 two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee N		30
Bassilian for (Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
J		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative Identify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
books and records.	identify by flame, address (phone number optional) and position of the person if	r possession of committee
Bassil Full Name	ian, Ron, , Mr.,	
Mailing Address	PO Box 66191	
ag / taa. eee		
	Los Angeles CA 900	66
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 310	347 8255
. Treasurer : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and th g., assistant treasurer).	e name and address of
Full Name Bassili of Treasurer	an, Ron, , Mr.,	
Mailing Address	PO Box 66191	
	Los Angeles CA 900	
Title or Position	CITY STATE Telephone number	ZIP CODE
	iciepnone number	

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Full Name of Designated Agent DeMartini,	Frank, , ,						
Mailing Address	3627 Bagley Ave. #203						
	Los Angeles CITY	CA 90034 STATE	ZIP CODE				
Title or Position Assistant Treasurer		phone number 323 - L	855 5847				
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.							
US Bai	nk 	1 1 1 1 1 1 1 1 1 1 1					
Mailing Address	5100 Northgate Dr						
	#051						
	San Rafael	CA 94903					
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, e	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)

demental information or (h), 6, 8 and/or 9 Page $\frac{5}{}$ of $\frac{5}{}$

h). Joint Fundraisin			
1.		FEC ID numbe	
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
ame of Any Connected	Organization, Affiliated Committee, Joint F	Fundraising Representa	tive, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC S
esignated Agent: Identify Usher, Be	by name, address (phone number - options		entative Leadership PAC S
esignated Agent: Identify Usher, Be	by name, address (phone number – optionartran, , ,		entative Leadership PAC S
esignated Agent: Identify Usher, Be	by name, address (phone number – options ertran, , , , , , , , , , , , , , , , , , ,	al)	
esignated Agent: Identify Usher, Be	by name, address (phone number – options ortran, , , 2124 W 85th St. Los Angeles	al)	90047
esignated Agent: Identify Usher, Be Full Name Mailing Address	by name, address (phone number – options entran, , , , , , , , , , , , , , , , , , ,	al)	90047 ZIP CODE A
esignated Agent: Identify Usher, Be Full Name Mailing Address	by name, address (phone number – options entran, , , , , , , , , , , , , , , , , , ,	al)	90047
Usher, Be Full Name Mailing Address TITLE OR POSITION Campaign Manager anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – options of tran, , , , , , , , , , , , , , , , , , ,	al) CA STATE Telephone Number	90047 ZIP CODE ▲ 310 – 946 – 92
Usher, Be Full Name Mailing Address TITLE OR POSITION Campaign Manager anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – options of tran, , , , , , , , , , , , , , , , , , ,	al) CA STATE Telephone Number	90047 ZIP CODE ▲ 310 – 946 – 92
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Usher, Be Full Name Mailing Address TITLE OR POSITION Campaign Manager anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – options of tran, , , , , , , , , , , , , , , , , , ,	al) CA STATE Telephone Number	90047 ZIP CODE ▲ 310 – 946 – 92