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01/04/2021 17 : 36

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STATEMENT OF ORGANIZATION

			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example: If typing, type over the lines.	12FE4M5
Zoe 2022			
			· · · · · · · · · · · · · · · · · · ·
	c/o Contribution Solutior	ns, LLC	
ADDRESS (number and street)	1240 The Alemeda #7 (
 (Check if address is changed) 	1346 The Alameda #7-3		
	San Jose		CA 95126
	CITY 🔺		STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address	_l almaycastillo@gma	ail.com	
is changed)			
	Optional Second E-Ma	ail Address	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
2. DATE 01 01	D / Y Y Y Y 2021		
3. FEC IDENTIFICATION NU	JMBER ► C		
4. IS THIS STATEMENT	NEW (N)	R AMENDED (A)	
I certify that I have examined th	is Statement and to the	best of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Treasure	Castillo, Alma, , ,		
Castil	lo, Alma, , ,		M = M / D = D / Y = Y = Y = Y
Signature of Treasurer		[Electronically Filed]	Date 01 04 2021
		ation may subject the person signing RMATION SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office		For further information o	
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)

	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidate	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	1	
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Cor	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization
	Corporation Corporation w/o Capital Stock	Labor Organizatior
	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 s committee. (i.e., nonconnected committee)	segregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g) x	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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Corr	mittees Participating in Joint Fundraiser	
1.	Mainstream PAC	00343574
2.	Lofgren for Congress	0289603
3.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Zoe 2022

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address					
		(CITY	STATE	ZIP CODE
Relationship: Connected	d Organiz	zation Affiliate	d Committee	Representative	eadership 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.

Castillo, A	lma, , ,
Full Name	
Mailing Address	1346 The Alameda
	#7-380
	San Jose CA 95126
Title or Position	CITY STATE ZIP CODE
Treasurer	408 673 1030 Telephone number - -

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	Castillo, Alma, , ,
Mailing Address	1346 The Alameda
	#7-380
	San Jose CA 95126 –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			I		1							 	 								1							
Mailing Address																												
		L															1									1		
				1			1	1											1		L					I		
									CI	ΓY								ST	AT E				ZI	ΡC	DE			
Title or Position																												
													Tele	eph	ione	e n	uml	ber										

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.

Com	erica Bank	
Mailing Address	333 W. Santa Clara Street	
	San Jose	CA 95113 – L
	CITY	STATE ZIP CODE
Name of Bank, Depositor	y, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

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Form/Schedule: F1A Transaction ID :

Change of committee name from Zoe 2020 to Zoe 2022.

Form/Schedule: Transaction ID: