STATEMENT OF

PAGE 1 / 4

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. John Brooks for Congress 3315 2nd Ave ADDRESS (number and street) (Check if address is changed) San Diego 92103 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brooksforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) johnbrooksforcongress.com (Check if address is changed) DATE 06 2019 C00727677 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. Brooks, John, , , Type or Print Name of Treasurer Brooks, John, , , [Electronically Filed] 18 2019 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Con information below.)	nplete the candidate
Name Candi		Brooks, John, , Mr,	
Candi Party	idate Affiliati	on DEM Office Sought: X House Senate President	State CA District 53
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 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.)	
loint	Euno	Iraising Representative:	
(g)	Fullo	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political
(9)	Ш	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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		

FEC Form 1 (Revis	sed 02/2009)	 Page 3
Write or Type Committee N		
John Brooks	for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
_	SIAIL	ZII GODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	n in possession of committee
Brook Full Name	ks, John, , ,	
	3315 2nd Ave	
Mailing Address		
	San Diego CA	92103
Title or Position	CITY STATE	ZIP CODE
	Telephone number	726 - 6055
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Brooks of Treasurer	s, John, , ,	
Mailing Address	3315 2nd Ave	
-		
	San Diego CA S	02103
Title or Decition	CITY STATE	ZIP CODE
Title or Position	619	

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo- safety deposit boxes or Name of Bank, Deposi		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. sitory, etc. SIIS Fargo 510 W Washington St,	103
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc. Ells Fargo 510 W Washington St,	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. sitory, etc. San Diego CITY STATE	103
safety deposit boxes or Name of Bank, Deposition We Mailing Address	r maintains funds. sitory, etc. San Diego CITY STATE	103
safety deposit boxes or Name of Bank, Deposition We Mailing Address	r maintains funds. itory, etc. San Diego CA 92 CITY STATE	103 ZIP CODE
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Mailing Address	r maintains funds. itory, etc. San Diego CA 92 CITY STATE	103 ZIP CODE
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Mailing Address	r maintains funds. itory, etc. San Diego CA 92 CITY STATE	103 ZIP CODE