FEC

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 Campbell for Congress 2014 PO Box 3104 ADDRESS (number and street) (Check if address is changed) La Mesa 91944 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaign@candidcampbell.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.candidcampbell.com (Check if address is changed) DATE 04 2014 C00558650 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. Jen Slater Type or Print Name of Treasurer Jen Slater [Electronically Filed] 03 2014 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

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		COMMITTEE	
	idate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candida		John W. Campbell	
Candida		ion NNE Sought: Y House Sonate President	State
Party A	Affiliati	ion NNE Sought: X House Senate President	District 53
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Con	nmittee:	
(d)		· · · · · ·	Democratic, Republican, etc.) Party.
Politic	cal A	Action Committee (PAC):	
(e)	Ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	gregated 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.)	
Joint F	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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	nmittees Participating in Joint Fundraiser	
	1.		
	1.		
	2.	FEC ID number C	
;	3.	FEC ID number	
	4.		

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Write or Type Committee Na	ame	
John Campbe	ell for Congress 2014	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
None		
<u> </u>	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: In books and records. 	Identify by name, address (phone number optional) and position of the perso	on in possession of committee
, Jen Sla	ater	
Full Name	,8001 Irvine Center Drive, #400	
Mailing Address	1000 i ivino contenzino, naco	
		20040
	Irvine CA	92618
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	949	858 7448
	Telephone number	
. Treasurer: List the name	and address (phone number optional) of the treasurer of the committee; and	d the name and address of
any designated agent (e.g		
Full Name Jen Sla of Treasurer	uter 	
Mailing Address	8001 Irvine Center Drive #400	
	Irvine CA S	92618
Title or Position	CITY STATE	ZIP CODE
Treasurer	949 Telephone number	858 7448

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Full Name of Designated	None	1
Agent		
Mailing Address		
	CITY STATE 2	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc.	
	Depository, etc. Bank of America 31531 Santa Margarita Pkwy	
Name of Bank,	Depository, etc. Bank of America ,31531 Santa Margarita Pkwy	
Name of Bank,	Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CA 92688	ZIP CODE
Name of Bank,	Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CA 92688 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CA 92688 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 31531 Santa Margarita Pkwy Rancho Sta Margarita CA 92688 CITY STATE Depository, etc.	ZIP CODE