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. Gutierrez For Congress 5310 W. Cullom Ave. ADDRESS (number and street) (Check if address is changed) Chicago 60641 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sogutierrez@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2013 C00254581 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. Soraida Gutierrez Type or Print Name of Treasurer Soraida Gutierrez [Electronically Filed] 05 08 2013 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
		COMMITTEE	
Cano		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Candi		Luis V Gutierrez	
Candi	date	Office	State
Party	Affiliati	on DEM Sought: X House Senate President	District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	/ Con	nmittee:	
(d)		OTA '	Democratic, epublican, etc.) Party.
Politi	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Commit	ttee Name	
Gutierrez F	For Congress	
6. Name of Any Cor	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	PAC Sponsor
Mailing Address		
		-
	CITY STATE Z	IP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in posses.	ession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZI	P CODE
	Telephone number	
Treasurer: List the any designated age	name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer).	and address of
Full Name of Treasurer	Soraida Gutierrez	
Mailing Address	5310 W. Cullom Ave.	
	Chicago IL 60641	
Title or Position	CITY STATE ZI Telephone number 773	P CODE
	Totophone named	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo safety deposit boxes o	esitories: List all banks or other depositories in which the committee deposit r maintains funds.	s funds, holds accounts, rents
Name of Bank, Deposi		
.DN	r	
PN		
Mailing Address	P.O. BOX 3429	
		15230
	P.O. BOX 3429 Pittsburgh PA	
	P.O. BOX 3429	15230
	P.O. BOX 3429 Pittsburgh CITY STATE	
Mailing Address Name of Bank, Deposit	P.O. BOX 3429 Pittsburgh CITY STATE	
Mailing Address Name of Bank, Deposit	P.O. BOX 3429 Pittsburgh CITY STATE	
Mailing Address Name of Bank, Deposit	P.O. BOX 3429 Pittsburgh CITY STATE itory, etc.	
Mailing Address Name of Bank, Deposit	P.O. BOX 3429 Pittsburgh CITY STATE stecamerican Bank 2136 South Oak Park Ave.	ZIP CODE
Mailing Address Name of Bank, Deposit	P.O. BOX 3429 Pittsburgh CITY STATE itory, etc.	

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: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

Amended this report to reflect corrections made to report. Contribution from Theresa Leblanc posted as disbursement should be to contribution. Stapes \$35.00 disbursement posted twice. Should be once. \$5.30 accidentally posted to Citicard. Posting to PNC PAC corrected and posted to PNC BK: Disbursements: \$183.34 (Bk Finance Chge) \$35.00 (BK Fee) Contributions: \$23.56 {Reimb. State Farm Ins., \$27.99 {BK credit) & \$5300 (Reimb. credit card chge accidentally]. Any minor mistake were also corrected.

Form/Schedule: Transaction ID: