

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
FEC MAIL CENTER
2016 JAN 28 AM 11:25
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CONTRERAS FOR CONGRESS Committee

ADDRESS (number and street)

401 S. Harbor Biv Suite #102

☐ (Check if address is changed)

LA HABRA

CITY ▲

CA

STATE ▲

90631

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Louie @ CONTRERAS & CONGRESS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.CONTRERAS & CONGRESS.COM

2. DATE

01 / 22 / 2016

3. FEC IDENTIFICATION NUMBER ►

C

4. 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.

Type or Print Name of Treasurer

Rasheed Ali EA

Signature of Treasurer

Rasheed Ali

Date

1 / 22 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Louie ALFONSO CONTRERAS

Candidate
Party Affiliation

Rep

Office
Sought:☒

House

☐ Senate☐ President

State

CA

District

46

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is at:

☐ 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 segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

Write or Type Committee Name

Contreras For Congress.

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

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership 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.

Full Name

AR INCOME TAX & ACCOUNTING SERVICES

Mailing Address

6101 Ball Rd #208

Cypress

CA

90630

Title or Position

CITY

STATE

ZIP CODE

Accountant / Treasurer

Telephone number

714-243-7773

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

EL PASO ASHLEY Ali

Mailing Address

6101 Ball Rd #208

Cypress

Ca

90630

Title or Position

CITY

STATE

ZIP CODE

Accountant

Telephone number

714-243-7773

2016-01-28-03-00041664

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

BANK OF AMERICA

Mailing Address

2910 S. State College Blvd

Brea

CA

92821

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FedEx carbon-neutral
envelope shipping

SHIP DATE: 27JAN16
ACTWGT: 0.20 LB
CAD: 6992300/SSF01621

**10 FEDERAL ELECTION COMMITTEE
FEDERAL ELECTION COMMITTEE
999 E ST NW**

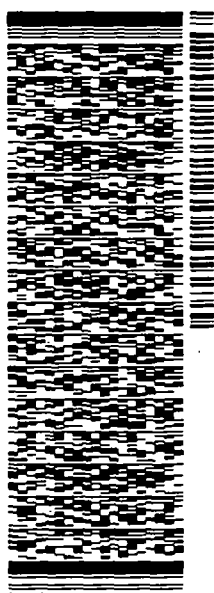
WASHINGTON DC 20463

(202) 684-1000

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DEPT:



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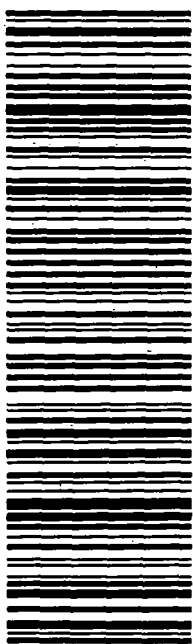
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THU - 28 JAN 3:00P
STANDARD OVERNIGHT

XG RDVA

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DC-US IAD



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FEB MAIL DELIVERY
2016 JAN 28 AM 11:25

2016-01-28-030004-0667

PREPARER
(3/2015)