Signature of Treasurer

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Barajas For Congress 1330 SW 3rd Ave #313 ADDRESS (number and street) (Check if address is changed) Portland 97201 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@barajasforcongress.com is changed) Optional Second E-Mail Address ricky.barajas22@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.barajas4congress.com (Check if address is changed) DATE 2024 C00663641 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Salazar, Jesse, , Mr,

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			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

Salazar, Jesse, , Mr,

2024

12

04

Date

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e the candidate
Name of Candidate Barajas, Ricardo, , Mr,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State OR  District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Political 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 Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	d PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	o or more political
(j) 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
Committees Participating in Joint Fundraiser	
1C	

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٧	Vrite or Type Committee Name		
	Barajas For Con	gress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
		ncente, , Mr.,	
	Full Name	FOSS OW Trustees Ave	
	Mailing Address	5955 SW Taralynn Ave	
		Beaverton OR 97005	5
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian		998   4554
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Salazar, Je of Treasurer	sse, , Mr,	
	Mailing Address	12505 SE Crest Dr	
		1	
		Happy Valley OR 97086	5     -     -
	<b>-</b>	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	074	227 0574
	Treasurer		337 - 8574

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Full Name of Designated Agent	Gonzalez, Cristian, , ,						
Mailing Address	4101 E Blanchard St						
	Los Angeles	CA 900	063				
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲				
	Telep	hone number 323	-   891   -   7216				
	Depositories: List all banks or other depositories in which the es or maintains funds.	committee deposits funds, h	nolds accounts, rents				
Name of Bank, De	Name of Bank, Depository, etc.						
I	Wells Fargo						
Mailing Address	11084 SW Barnes Rd						
	Beaverton	OR 972	25				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
I							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				