

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2007 DEC 19 AM 9:57

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DB VICTORY 2008

ADDRESS (number and street)

95 MERRICK WAY

(Check if address is changed)

SUITE 250

CORAL GABLES

FL

33134

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JOSE@JAR.CPA.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-1446-8576

2. DATE 12 18 2007

3. FEC IDENTIFICATION NUMBER ► C00439760

4. IS THIS STATEMENT NEW (N) OR X 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 Jose A. Riesco

Signature of Treasurer

Date 12 18 2007

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  
Use  
Only

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

FEC FORM 1  
(Revised 02/2003)

27039574070

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: \_\_\_\_\_ House \_\_\_\_\_ Senate \_\_\_\_\_ President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

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

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE

Mailing Address 18770 SUNSET DRIVE

1421

MIAMI FL 33173

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

27039574071

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

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

- (e) This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MARIO DIAZ-BALART FOR CONGRESS COMMITTEE

Mailing Address 8770 SUNSET DRIVE

H. 422

MIAMI FL 33173

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

27039574072

Write or Type Committee Name

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 JOSIE A. RIESCO

Mailing Address 95 HERRICK WAY  
SUITE 250  
CORAL GABLES FL 33134

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CUSTODIAN Telephone number 305-445-6777

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 JOSIE A. RIESCO

Mailing Address 95 HERRICK WAY  
SUITE 250  
CORAL GABLES FL 33134

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

27039574073

9. 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.

GREAT FLORIDA BANK

Mailing Address

150 ALHAMBRA CIRCLE

CORAL GABLES FL 33134-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039574074

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date  
*12/17/07*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm W.*  
 PREPARER  
 (3/2005)

*12/19/07*  
 DATE PREPARED

27039574075