FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1					i	ECONDAND ONE NITE
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4N	: · · · · · · · · · · · · · · · · · · ·
Florida Eas	t Coast I	ndustries, Inc	c. Goo	d Governmer	nt Comi	mittee (FECI PAC)
		1 1 1 1 1 1 1				
ADDRESS (number a		2855 Le Jeu	ne Ro	pad, 4th Floo	or Lilia	
(Check if a is changed)		Coral Gables	S		FL	33134 - 6612
			CITY	·	STATE	ZIP CODE
COMMITTEE'S E-MA	1	(Please provide only one FECIPAC@	e e-mail ad feci.c		<u>                                     </u>	 
is change		<u> </u>		1111111	1.1.1	ليبنينيا
COMMITTEE'S WEE	B PAGE ADDRI	ESS (URL)	er in massi si	Assert	e zasodo i i	respondent tagen
(Check if is change						
2. DATE OS	5 ′ 13°	2013			•	·. · · · · · · · · · · · · · · · · · ·
3. FEC IDENTIFIC	CATION NUM	BER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)		
I certify that I have	examined this	Statement and to the b	est of my	knowledge and belief it	is true, corr	ect and complete.
Type or Print Name	of Treasurer	Russell L. F	Rober	ts		
Signature of Treasur	er	sell ?	Re		Date Ö	5 / 13 / 2013 .
NOTE: Submission of	•	•	-	bject the person signing t		t to the penalties of 2 U.S.C. §437g. YS.
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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TYPE	OF C	OMMITTEE	
Cen	didate	Committae:	
(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. (Compleinformation below.)	ete the candidate
Name Candi	-		
Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)	$\bowtie$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation W/o Capital Stock	_abor 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 segrecommittee. (i.e., nonconnected committee)	egated 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	t Fund	Iraising 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 C	
	2.	FEC ID number C	en e
	3.	FEC ID number C	
	A		

l	FFC Form 1 /F	Revised 02/2009)	Page 3
	/rite or Type Committe		r age <b>o</b>
	• .	Coast Industries, Inc. Good Government Committee (I	FECI PAC)
6.		nected Organization, Affiliated Committee, Joint Fundfalsing Representative, or Leadership	
_			•
L	iorida Las	t Coast Industries, Inc.	
L			
	Mailing Address	[2855] Lie Jeune Road, 4th Floor	
		[Coral Gables	16612_
		CITY STATE Z	IP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
7.	Custodian of Reco	rds: Identify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name	Rusty Godoy	1
		2855 Le Jeune Road, 4th Floor	1
	Mailing Address		
		Coral Gables	1_16612
	·		┸╌┛┈┖╌┵╌
	Title or Position	CITY STATE Z	IP CODE
	Vice Preside	ent Telephone number [305] - [520	)[2300
8.	Treasurer: List the rany designated ager	name and address (phone number optional) of the treasurer of the committee; and the name of the committee; and the committee of the committee; and the committee of the committee; and the committee of the committ	and address of
	Full Name of Treasurer	Russell L. Roberts	
	Mailing Address	Suite 140	
		լ8427,SouthPark,Circle	<u>, , , , , , 1</u>
		Orlando	- 9057
	The av Beet		P CODE
	Title or Position		6,  - 6210

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Full Name of Designated Agent	Huşein Cumber	
Mailing Address	4601 Touchton Road	
•	Building 300, Suite 3200	
	Jacksonville	32246    - 4485
	CITY STATE	ZIP CODE
Title or Position Assistant	Treasurer Telephone number [904]	1996,12812,
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits fun loxes or maintains funds.	ids, noids accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America, N.A.	las, notas accounts, rents
safety deposit b	Depository, etc.  Bank of America, N.A.	las, noias accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America, N.A	
safety deposit b Name of Bank,	Depository, etc.  Bank of America, N.A.  100 North Tryon Street	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Bank of America, N.A.  100 North Tryon Street  Charlotte	[28255 <sub>1</sub> ]-[1]
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of America, N.A.     100 North Tryon Street     Charlotte     City State	28255 <sub>   </sub> -
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of America, N.A.     100 North Tryon Street     Charlotte     City State	28255 <sub>   </sub> -
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Bank of America, N.A.     100 North Tryon Street     Charlotte     City State	28255 <sub>   </sub> -
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc.    Bank of America, N.A.     100 North Tryon Street     Charlotte     City State	28255 <sub>   </sub> -

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(3/2005)