Image# 201806079113652383				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	_		
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Matt C	Gaetz			
DDRESS (number and street)	PO Box 168			
Check if address				
is changed)	Mary Ester		FL 325	69
			STATE A	ZIP CODE
OMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@campaignfinancia			
is changed)	Optional Second E-Mail Ad			
		· · · · ·		
<ul> <li>(Check if address is changed)</li> </ul>				
	D6 / Y Y Y Y 2018			
. FEC IDENTIFICATION N	IUMBER ► C c	00612432		
IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
. IS THIS STATEMENT		AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief in	t is true, correct and	complete.
ype or Print Name of Treasur	er Martin, Steven, G., ,			
ignature of Treasurer	tin, Steven, G., ,	[Electronically Filed]	Date 06	07 / Y Y Y Y 07 2018
OTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	Page <b>2</b>
Candidate Committee:         (a)       Inis 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       Gaetz, Matt, , ,         Candidate       Office         Party Affiliation       REP         Office       Senate         Sought:       House         Senate       President         (c)       This committee supports/opposes only one candidate, and is NOT an authorized committee.         Name of Candidate       Intis committee supports/opposes only one candidate, and is NOT an authorized committee.         Party Committee:       (National, State or subordinate) committee of the	
<ul> <li>(a)  This committee is a principal campaign committee. (Complete the candidate information below.)</li> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> <li>Name of Candidate Party Affiliation REP Office Sought:  House Senate President</li> <li>(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.</li> <li>Name of Candidate Party Committee:</li> <li>(d) This committee is a function of the function</li></ul>	
<ul> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the called at a principal campaign committee. (Complete the principal campaign committee.)</li> <li>(c) This committee supports/opposes only one candidate and is NOT an authorized committee. (Complete the principal campaign committee is a figure the principal campaign c</li></ul>	
Name of Candidate   Candidate   Party Affiliation   REP   Office   Sought:   X   House   Senate   President      (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   (E	
Candidate   Party Affiliation     REP   Office   Sought:   House   Senate   President    (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   Name of   Candidate   Party Committee: (A)   (d)   This committee is a   (a)        (b)        (c)     (c)        (c)        (c)        (c)        (c)        (d)        (d)              (d)   (C) <p< td=""><td>ete the candidate</td></p<>	ete the candidate
Party Affiliation REP Sought: X House Senate President   (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   (national, State   (Represent the support of the super of the support of the support of the support of the super of the support of the super of the super of the supe	
Name of Candidate	State FL District 01
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the R	District
(d) This committee is a (National, State (I or subordinate) committee of the R	
(d) This committee is a or subordinate) committee of the	
Political Action Committee (PAC):	Democratic, lepublican, etc.) Party.
(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 Fundraising 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
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3. FEC ID number	
4 FEC ID number C	

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Write or Type Committee Name

## Friends of Matt Gaetz

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

Team Gaetz									
Mailing Address	PO Box 30844								
	Bethesda		MD 2	20824					
	CITY		STATE	ZIP CODE					
Relationship: Connected Organization Affiliated Committee X 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.

Campaign	Financial Services, , ,
Full Name	
Mailing Address	PO Box 30844
	[
	Bethesda         MD         20824
Title or Position	CITY STATE ZIP CODE
Record Keeper	301     -     654     -     3220       Telephone number     -     -     -     -     -

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	Martin, Steven, G., ,			
Mailing Address	PO Box 30844			
	Bethesda		MD	20824
	CITY	r	STATE	ZIP CODE
	0111		31/(I L	ZII OODL

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Full Name of Designated Agent																										
Mailing Address																										
																								]-[		
	CITY												STA	ΤE				ZIF	Р С	OD	E					
Title or Position																										
												Tele	eph	one	e ni	umt	ber							] – [		

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 B	ank, Depo	ository, etc.
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Wells F	argo		
Mailing Address	7901 Wisconsin Avenue		
	Bethesda	MD 20814	
	CITY	STATE Z	IP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE Z	IP CODE