Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **IRL PAC** P.O. Box 901233 ADDRESS (number and street) (Check if address is changed) Homestead 33090 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS IRLPAC@Yahoo.com (Check if address is changed) Optional Second E-Mail Address getm1@cox.net COMMITTEE'S WEB PAGE ADDRESS (URL) https://secure.piryx.com/donate/B1ro9J2C/IRLPAC/ (Check if address is changed) DATE 05 2014 C00402982 FEC IDENTIFICATION NUMBER > 3. X 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. Tara Tamargo, Assistant Treasurer Type or Print Name of Treasurer Tara Tamargo, Assistant Treasurer [Electronically Filed] 01 05 2014 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
		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. (Cominformation below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Write or Type Committee Name  IRL PAC  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC:  Ileana Ros-Lehtinen  Mailing Address  9210 Sunset Drive  Mailing Address  CITY  STATE  ZIP COL  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  Mailing Address  All NW 19 Street  Homestead  Homestead  FL 22015	Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Illeana Ros-Lehtinen  9210 Sunset Drive  Mailing Address  9210 Sunset Drive  Miami  FL 33173  CITY STATE ZIP COD  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  Mailing Address  311 NW 19 Street  Mailing Address	Sponsor
Mailing Address  9210 Sunset Drive  Mailing Address  9210 Sunset Drive  Miami  CITY  STATE  ZIP COE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  311 NW 19 Street  Mailing Address	Sponsor
Mailing Address  9210 Sunset Drive  Mailing Address  CITY  STATE  ZIP COE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  Mailing Address  311 NW 19 Street  Mailing Address	
Mailing Address    Miami	
Mailing Address  Miami  CITY  STATE  ZIP COD  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  Mailing Address  311 NW 19 Street	
Miami  CITY  STATE  ZIP COE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Debra M Zimmerman  Full Name  Mailing Address  311 NW 19 Street	
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books and records.  Debra M Zimmerman  Full Name  311 NW 19 Street  Mailing Address	PAC Sponso
Full Name  311 NW 19 Street  Mailing Address	of committee
Mailing Address  311 NW 19 Street	
Homestead FL 22015 -	
Title or Position CITY STATE ZIP COD	E
IRL PAC Secretary         786         -         282           -	4364
. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	ddress of
Full Name Ed Torgas, IRL PAC Treasurer	
of Treasurer	
Mailing Address	
Miami FL 33131	
CITY   STATE   ZIP COD	Ł

FEC Form	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Tara Tamargo, Assistant Treasurer	
Mailing Address	P.O. Box 90-1233	
	Homestead FL 33	3090-1233
Title on Desirion	CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer 703 Telephone number	_ 978 1179
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds	s, holds accounts, rents
Name of Bank, D	oxes or maintains funds.  Depository, etc.	
	Depository, etc.	
Name of Bank, [	Depository, etc.  Capitol One Bank	
Name of Bank, [	Capitol One Bank  9436 Old Keene Mill Road	2152
Name of Bank, [	Capitol One Bank  9436 Old Keene Mill Road	2152 
Name of Bank, [	Depository, etc.  Capitol One Bank  9436 Old Keene Mill Road  Springfield  VA 22	
Name of Bank, Daniel Bank, Dani	Depository, etc.  Capitol One Bank  9436 Old Keene Mill Road  Springfield  VA 22	
Name of Bank, D	Capitol One Bank  9436 Old Keene Mill Road  Springfield  CITY  STATE  Depository, etc.	
Name of Bank, Dame of Bank, Da	Depository, etc.  Capitol One Bank  9436 Old Keene Mill Road  Springfield  CITY  STATE  Depository, etc.  Wells Fargo Bank  8401 Old Keene Mill Road	