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2010 JUL 27 AM 10: 55

FEC	
FORM	•

STATEMENT OF

FEC FORM 1		ORG	ANIZA	ATION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if		Example:If typing, type over the lines.	12FE4M5	egregalismy
F, L, O, R, I, D, A	, I S.	N.O.T. F.	OR S	A, L _I E,	<u> </u>	:
	<u> </u>	 	: ! : 1			
ADDRESS (number an	nd street)	<u></u>	<u> </u>	<u> </u>		
· · · (Check if ac	<u> </u>	<u> </u>	<u></u>			
is changed)			<u> </u>		لياا	
			c	SITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide	only one e-r	mail address)		
(Check if is change		1				<u> </u>
COMMITTEE'S WEB	PAGE ADD					
(Check if a is changed			1 1 1			<u> </u>
2. DATE \$ 0	7 2	7 2 0 1	o j			·
3. FEC IDENTIFIC	ATION NU	MBER	C		٠	
4. IS THIS STATEM	MENT	NEW (N)	OR	AMENDED (A)		
I certify that I have e	xamined thi	s Statement and t	o the best o	of my knowledge and belie	f it is true, correct	and complete.
Type or Print Name of	of Treasurer	Ben Pollara				
Signature of Treasure			<u></u>	<u>></u>	Date 0	7 2 7 2 0 1 0
NOTE: Submission of f				ay subject the person signin		the penalties of 2 U S.C. §437g.
Office Use				For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FE	C F	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a)	٠	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. (Compinformation below.)	lete the candidate
Name o Candida			
Candida Party A		Office ion Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		K e n d r i c k M e e k	
Party	Cor	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Politic	al A	Action Committee (PAC):	
(e)	;	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	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)	ř	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.c., 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 F	und	Iraising Representative:	
(g) ;	1	This committee collects contributions, pays fundraising expenses and disburses not proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
···/	:	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
C	Com	mittees Participating in Joint Fundraiser	
1	1.	FEC ID number C	en egeneration de la company de la compa
2	2.	FEC ID number C	er grandenja trono i komo og
3	3.	FEC ID number C	
4	1.	FEC ID number C	

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Write or Type Committee N	Name	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
1 i !		
 		<u> </u>
l		<u>. </u>
Mailing Address		
		<u>! </u>
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	/c : Leadership PAC Sponsor
•	· · · · · · · · · · · · · · · · · · ·	
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the personal	son in possession of committee
Full Name B ₁ e	n, P ₁ o, 1, 1, a, r, a, , , , , , , , , , , , , , , ,	
Mailing Address	1 8 2 5 Ponce e de Leon Blvd.	<u> </u>
	S, u ₁ i; t, e, 1, 4 · 6; , ,	
	C o r a 1 G a b i e s F L	3,3,1,3,4]-
Title or Position	CITY STATE	ZIP CODE
$T_1 r \cdot e_1 a_1 s_1 u_1 r_1 e$	Telephone number 3 0	5 - 9 8 9 - 4 9 0 1
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; as g., assistant treasurer).	nd the name and address of
Full Name of Treasurer	n, P, o, 1, I, a, r, a, , , , , , , , , , , , , , , ,	
Mailing Address	1 8 2 5 P 0 n c e d e L e o n B 1 v d .	
	S ₁ u, i ₁ t ₁ e, 1, 4, 6, , , , , , , , , , , , , , , , ,	
	C o r a l G a b l e s F L STATE	3 3 1 3 4
Title or Position		
Treasure	Telephone number 3,0	5 - 9,89 - 4,9,0,1

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Full Name of Designated Agent !!!!		<u>: </u>	
Mailing Address	<u> </u>		<u></u>
		<u> </u>	1 1 1 1 1 1 1 1 1 1
	CITY	STATE	ZIP CODE
Title or Position		umber <u></u> :	
Banks or Other Depositors safety deposit boxes or mai Name of Bank, Depository,		ittee deposits	funds, holds accounts, rents
[U;S, ,	Century, Bank		
Mailing Address	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	B, 1, v, d	
		 	
	C, o, r, a, l; G, a, b, l, e, s, ! ! !	FL	3 3 1 3 4 - 1
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
<u>اللب</u>		<u>i 1-1-'</u>	
Mailing Address		1. 1 1	1111::::
	<u> </u>		
		أللا	<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	now it was received.
Lland Delivered	Date of Receipt
Hand Delivered	7/27/11
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s 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):	eceipt or Postmarked
Law	7/27/18
PŘEPAŘER (3/2005)	DATÉ PRÉPARED
(3/2005)	