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FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1					Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	2
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ADDRESS (number and	d street)	95 MERRIC	KWAY		
(Check if add	dress	SUITE 250			
is changed)		CORAL GAP	<u>stes</u>	EU E	<u> </u>
COMMITTEES E MAI	I ADDDE	20	CITY A	STATE A	ZIP, CODE ▲
TOSE O T		_		1.11111	1
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)			
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	1 1 1	<u></u>		<u> </u>	
COMMITTEE'S FAX N SOIS - 4444 2. DATE 70	- 85 1	5 2008			
3. FEC IDENTIFIC	ation nu	IMBER ▶ C			
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	camined thi	is Statement and to the bes	at of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of	f Treasurer	Jose A.	Piesco	<u> </u>	
Signature of Treasurer		4		Date [O	15 2008
NOTE: Submission of fa			n may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toil Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (National, State (Democratic,		FE	EC Form	1 (Revised 02	2/2003)							Page 2
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) 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. Name of Any Connected Organization or Affiliated Committee Relationship Type of Connected Organization: Corporation Corporation Corporation Corporation Corporation Corporation Corporation Labor Organization		TYPE	OF CO	MMITTEE (Ch	eck One)							
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Candidate Party Affiliation Committee Supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a separate segregated fund. (f) 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. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY A STATE A ZIP CODE A Relationship Type of Connected Organization: Corporation Corporation w/o Capital Stock Labor Organization		(b)				norized cor	nmittee, and is	s NOT a prin	cipal campa	ign cor	mmittee. (Co	omplete the candidate
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CITY ▲ STATE ▲ ZIP CODE ▲ Relationship Type of Connected Organization: Corporation Corporation w/o Capital Stock Labor Organization		Name	of Any	Connected On	ganization	or Affiliat	ted Committe	e		·		
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ting the second of the second		Type of	f Conne	cted Organization	on:							
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		r e L. l	Membe	ership Organiza	ition	933 V <u>11</u>	Trade Associa	tion) <u> </u>	Cooperative	e

14/	FEC Form 1 (Revised	02/2003)	·			Page 3
**	rite or Type Committee Name		2>		·· ··	
7.		TORY		optional) and position	on of the per	son in possession of committee
	Full Name Jose	A RIE	<u>ESCOLLI</u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Mailing Address	95 HER	erck wa	18		بنييييي
		Swinter	250			
		COLAL	GABLES		LFL	<u> </u>
	Title or Position▼		CITY A		STATE A	ZIP CODE ▲
	CUSTODI AN		لنبي	Telephone num	ber 3 .0	5-445-077
8.	Treasurer: List the name ar any designated agent (e.g.,			the treasurer of the	committee; a	and the name and address of
	Full Name of Treasurer	E A RII	esco			
	Mailing Address	95 MER	RELL W	14	4444	
	•	SUETE	250		1111	
		CORAL	CABLES.		FL	<u> 33134- </u>
	Title or Position▼					
			CITY A	•	STATE A	ZIP CODE ▲
	T.R.P.ASIUI BEIR		<u>-</u>	Telephone num	_	zip code a S-(445)-(0,7,7,7
	Full Name of Designated Agent		<u>-</u>		_	
	Full Name of Designated		<u>-</u>		_	
	Full Name of Designated Agent		<u>-</u>		_	
	Full Name of Designated Agent		<u>-</u>		_	
	Full Name of Designated Agent		<u>-</u>	Telephone num	_	

ZIP CODE A

LEC LOUIN	1 (Neviseu 02/2003)		raye +
safety deposit b	Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits funds, holds	s accounts, rents
Name of Bank,			
	GREAT FLORIDA BANK		<u> </u>
Mailing Address	150 ALHAMBRA CERC		
	L		<u> </u>
	CORAL GABLES	_ FL 331	34-
	CITY 🛦	STATE A	ZIP CODE A
Name of Bank,	Depository, etc.		
	<u> </u>		<u> </u>
Mailing Address			<u> </u>
-	•		

CITY A

STATE A

FEC	Form 1 (Revised 02/2003)		·	Page 2
. TYPE O	F COMMITTEE (Check One)		
(a)	This committee is a pr	incipal campaign committee. (Con	nplete the candidate information	1 below.)
(p)	This committee is an a information below.)	authorized committee, and is NOT	a principal campaign committe	ee. (Complete the candidate
Name of Candidate	LINCOL	N DIAZ-BAL	ART	
Candidat Party Aff		Office Sought: X House	Senate Pres	State FL sident District 2.1
(c)	This committee suppor	rts/opposes only one candidate, ar	nd is NOT an authorized comm	nittee.
Name of Candidate	1	<u> </u>		<u> </u>
(d)	This committee is a	(National, State or subordinate)	committee of the	(Democratic, Republican, etc.) Party.
(e)	This committee is a se	eparate segregated fund.		
(e) (f)	•	eparate segregated fund. ts/opposes more than one Federa	al candidate, and is NOT a sep	arate segregated fund or party
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(1)	This committee suppor committee.	ts/opposes more than one Federa	al candidate, and is NOT a sep	arate segregated fund or party
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FEC Fo n	m 1 (Revised 02/2003)					Page 2
. TYPE OF CO	OMMITTEE (Check One)				
(a)	This committee is a pr	incipal campaign cor	nmittee. (Comp	lete the candidat	e information below	.)
(p) X	This committee is an a information below.)	authorized committee	, and is NOT a	principal campai	gn committee. (Cor	nplete the candidate
Name of Candidate	MARTO :	DTAZ-BA	LART	 		
Candidate Party Affiliatio	n REP	Office Sought:	House	Senate	President	State FL District 25
(c)	This committee suppor	ts/opposes only one	candidate, and	l is NOT an autho	orized committee.	_
Name of Candidate	<u>L </u>	· 		<u></u>	<u> </u>	<u>i. </u>
(d)	This committee is a		ational, State subordinate) o	ommittee of the		(Democratic, Republican, etc.) Party.
(e)	This committee is a se	parate segregated fu	ınd.			
(1)	This committee suppor committee.	ts/opposes more tha	n one Federal	candidate, and is	NOT a separate s	egregated fund or party
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Type of Conne	ected Organization:					•
Corpo	oration	Corpora	ition w/o Capita	al Stock	Labor Organ	ization
Memb	bership Organization	Trade A	ssociation		Cooperative	
			 			
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(3/2005)

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