2019 : 09 : 10 : 0M: 0020X000.

FEC FORM 1

STATEMENT OF ORGANIZATION

PERSONAL CENTRO

				2012 02	Office Use Only 1: 2
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
[S, I, N, G, L, E, S, U, B,	I E C	T	M _I E _I N _I T , , , , , , , ,		
	111				لتببيب
ADDRESS (number and street)	2 6	7 J O H N	K , N , O , X ,	S _I U _I I _I T _I E _I	1,0,0,
☐ ◀ (Check if address is changed)	لـــا				
	T, A	L, L, A, H, A, S, S, CITY▲	E, E, , , , , , , , , , , , , , , , , ,	F_L 3	2 3 0 3 - ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	ss			,	
(Check if address is changed)	I_N	F,O,@ S,I,N, G	L _I E _I S _I U _I B _I J _I E _I C _I T _I A _I	M _L E _L N _L D _L M _L E	N,T,. C,O,M,
• '	Option	al Second E-Mail Add	ress	·	
	••				
COMMITTEE'S WEB PAGE ADD	DRESS ((URL)			
(Check if address is changed)	$[w_iw_j]$	W _{1. 1} S ₁ 1,N ₁ G ₁ L ₁	E, S, U, B, J, E, C, T, A, M	E, N, D, M, E, N	T ₁ C ₁ O ₁ M ₁
	لللا				
			1		
2. DATE 0 9 0 9	^D / 2	0 1 9			•
3. FEC IDENTIFICATION NU	JMBER	► C.			
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined th	is State	ment and to the best-	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	Ma	ry M. Bebout			
Signature of Treasurer	-Waj	y M. Bebout		Date 0 9	0 9 2 0 1 9
NOTE: Submission of false, errone			nay subject the person signing to ON SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

5.

		COMMITTEE 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. (Complete the candidate information below.)				
Name Candi						
Candi Party	idate Affiliati	on Office State Sought: House Senate President District `				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	у Соп	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.				
Polit	ical A	action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Eunc	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Committees Participating in Joint Fundraiser						
	Com					
	1.					
	2.	FEC ID number C				
	3.	FEC ID number				
	4.	FEC ID number C				

FEC Form 1 (Revised	. 02/2009)	Page 3			
Write or Type Committee Nam					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor			
NONE					
Mailing Address					
•					
	CITY STATE	ZIP CODE			
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor			
 Custodian of Records: Identification books and records. 	entify by name, address (phone number optional) and position of the person in po	ssession of committee			
Full Name LEA	N, N, E, _, M, U, R, P,H,Y,	 			
Mailing Address	H A R V A R D A N D A S S O C I A T E S	 			
•					
,	[T,A,L,L,A,H,A,S,S,E,E, [F,L] [3 2 3 0	¹ 19 – [
Title or Position	CITY STATE	ZIP CODE			
[A,C,C,O,H,H,I,N,C	S P E C I A L I S T Telephone number [8,5,0] - [2	2,4]-[9,0,0,8			
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of			
Full Name of Treasurer MAR	Y, B,E,B,O,U,T				
Mailing Address	[2,6,7, J,O,H,N, K,N,O,X, R,O,A,D,				
	S, U, I, T, E, 1,0,0,				
Title or Position	CITY STATE	ZIP CODE			
TITLE OF POSITION T, R, E, A,S, U, R,E, R	Telephone number [8 5 0] - [7	5,1]-[3,7,1,1]			

Full Name of Designated Agent	M,A,RY	, ,B,E,B,O,U	Τ, , , , , ,			1.	
Mailing Address		2 6 7 J C	D H N K N O	X ROAD	· - • - - 		لـــا
							
•		[T, A, L , L , A , H	A, S, S, E, E, CITY		F_L STATE	3,2,3,0,3 ZIP CODE	لــا
Title or Position							
T, R, E, A, S,	U _I R _I E _I R _I			Telephone nun	nber	<u> </u>	لــا
			 	 			
Banks or Other safety deposit b			r other depositories	in which the committ	ee deposits	funds, holds accounts, rents	
Name of Bank,	Depository, 6	etc.	•				
	C, A, P	I, T, A L, C, I	T, Y, B, A, N,	κ, , , , , , , ,	- 		
Mailing Address		METROF	PO L I T A N	BLVD			لند
		سسسن					لـــا
		[T, A, L, L,A, H	H, A, S, S, E, E, ,		FL	32308-	لـــ
			CITY		STATE	ZIP CODE	
Name of Bank,	Depository, e	etc.					
	ID A V	PAI					,
	PAY						لــــــــــــــــــــــــــــــــــــــ
Mailing Address	3	[2,2,1,1, N	I FIIRST	S, T, R, E, E, T			لــُــا
			<u> </u>				لــــ
		SANJJO	S E L L L L L		C, A	9 5 1 3 1 -	لـــ
			CITY	,	STATE	ZIP CODE	

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2019

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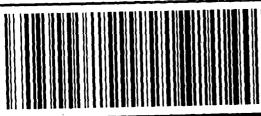
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): UPS	Shipping Date 9-17-19
Next Business	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
af	9-18-19
(3/2015)	DATE PREPARED