Image# 201701319042385951				01/31/2017 21 : 31
FEC FORM 1	STATEMEI ORGANIZ		Off	PAGE 1 / 4 ——
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	TALETH?	
Florida East Coa	ast Industries, LL	C Good Governn	nent Comm	ittee
ADDRESS (number and street)	2855 Le Jeune Road, 4th Flo	or <u> </u>		
(Check if address				
is changed)	Coral Gables			34
			STATE	
	GITA		SIALE	
COMMITTEE'S E-MAIL ADDR				
 (Check if address is changed) 	FECIPAC@feci.com			
is changed)	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A				
(Check if address				1
is changed)				
2. DATE 01 / T	01 2017			
3. FEC IDENTIFICATION	NUMBER ► C c	00544908		
4. 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 i	t is true, correct and	complete.
			· · · · · · · · · · · · · · · · · · ·	
Type or Print Name of Treasu	rer Roberts, Russell, , Mr.,			
Signature of Treasurer	berts, Russell, , Mr.,	[Electronically Filed]	Date 01	D D / Y Y Y Y 31 2017
NOTE: Submission of false, erro	oneous, or incomplete information	may subject the person signing	this Statement to the	penalties of 2 U.S.C. §437g.
		ON SHOULD BE REPORTED V		
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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FEC F	orm 1 (Revised 02/2009) Page 2
TYPE OF (COMMITTEE
Candidat	e 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 of Candidate	L
Candidate Party Affilia	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par
Political /	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 segregated fund or par 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 Fun	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.
Con	nmittees Participating in Joint Fundraiser
1.	
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Florida East Coast Industries, LLC Good Government Committee

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

F	Iorida East Coast Ind	ustries, LLC	
	Mailing Address	2855 Le Jeune Road	
		Coral Gables FL 33134	↓ ,,] - [,,]
		CITY STATE	ZIP CODE
	Relationship: 🗴 Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the person in	possession of committee
	Godoy, Ru	sty, , Mr,	
	Mailing Address	2855 Le Jeune Road	
		Coral Gables FL 3313	4
	Title or Position	CITY STATE	ZIP CODE
	Vice President	Telephone number	520 - 2300

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	Roberts, Russell, , Mr.,
Mailing Address	8529 South Park Circle, Suite 190
	Orlando
	CITY STATE ZIP CODE
Title or Position Vice President	Telephone number 407 274 9207

Full Name of Designated Agent	Cumber, Husein, , Mr.,
Mailing Address	7411 Fullerton Street, Suite 110
	Jacksonville FL 32256
	CITY STATE ZIP CODE
Title or Position	Telephone number 904 - 996 - 2812

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 Bank, Depository, etc.

Bank c	f America				
Mailing Address	100 North Tryon Street				
	Charlotte	NC 28255			
	CITY	STATE Z	ZIP CODE		
Name of Bank, Depository,	Name of Bank, Depository, etc.				
Mailing Address					
	CITY	STATE Z	ZIP CODE		