## 14031191994

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2014 MAR -4 PM 12: 45

						Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if is change		Example over the	e: If typing, type e lines.	12FE4M5	C MAIL CENTER
Send Lara To Congress	11111		<u> </u>		1_1_1_1	
					<u> </u>	
ADDRESS (number and street)	2336 S. Eas	t Oçean	Blyd. #3	48		
(Check if address is changed)		1 1 1		1 1 1 1 1	1 1 1 1 1 1	
· is changed)	Stuart				(FL)	34996     3310
	CITY ▲	<u> </u>	<u> </u>		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	3S					
(Check if address is changed)	finance@Ch	ooseLar	a.com	1 1 1 1 1	1_1_1_1_1	
	Optional Second	E-Mail Ad	dress			
			<del></del>			
COMMITTEE'S WEB PAGE ADD						·
(Check if address is changed)	http://www.C	hooseLa	ara.com	11111	1 1 1 1 1 1	
		1 1 1				
2. DATE 02 19	2014					
3. FEC IDENTIFICATION NU	IMBER ▶	C		eric early of		
4. IS THIS STATEMENT	NEW (N)	OR	5 ; 81 7 7	AMENDED (A)		
I certify that I have examined th	is Statement and to	o the best	of my know	wledge and belief it	is true, correct	and complete.
Torono Dist None of Torono	Brian Lara					
Type or Print Name of Treasurer	Dian Laia	2				
Signature of Treasurer	EX.	EIA10	·//		Date 02	19 2014
NOTE: Submission of false, errone				the person signing to BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use			Fed	r further information c deral Election Commissi Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

FEC	C Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a)	✓	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	. 7	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet	e the candidate
		information below.)	
Name o Candida		Brian Lara	
Candida	ato	Office	State FL
Party Af			18
	. :		District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Con	mmittee:	
(d)			mocratic, publican, etc.) Party.
Politic	al A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
		Corporation w/o Capital Stock	abor Organization
		and the second s	ooperative
			ooperative
	<i>(</i> : .	In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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	Fund	draising Representative:	
(g)	• :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		·	
(	Com	nmittees Participating in Joint Fundraiser	residence de la companya de la comp La companya de la co
•	1.	FEC ID number C	
:	2.	FEC ID number C	
:	3.	[	
`			kan di Kabupatèn Kabupatèn Balandari Kabupatèn Kabupatèn Balandari
	4	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	•:

FEC FOILI I (Neviseu	02/2009)		rage 3
Write or Type Committee Nam	Θ		
6. Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representative, o	r Leadership PAC Sponsor
None		11111111	1111111111
Mailing Address			
	спу	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Representativ	ve : Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number op	ntional) and position of the per	son in possession of committee
Full NameTreasu	ırer	<del>                                      </del>	
Mailing Address			
		<del>                                     </del>	
		لبا لببب	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	<u></u>
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; a	nd the name and address of
Full Name Brian I of Treasurer 1 1 1 Mailing Address	_ara 2336 S. East Ocean Blvd. #34	<u> </u>	
-	Stuart	FL	34996 - 3310 - 1111
Title or Position Candidate		77 Telephone number	

CITY

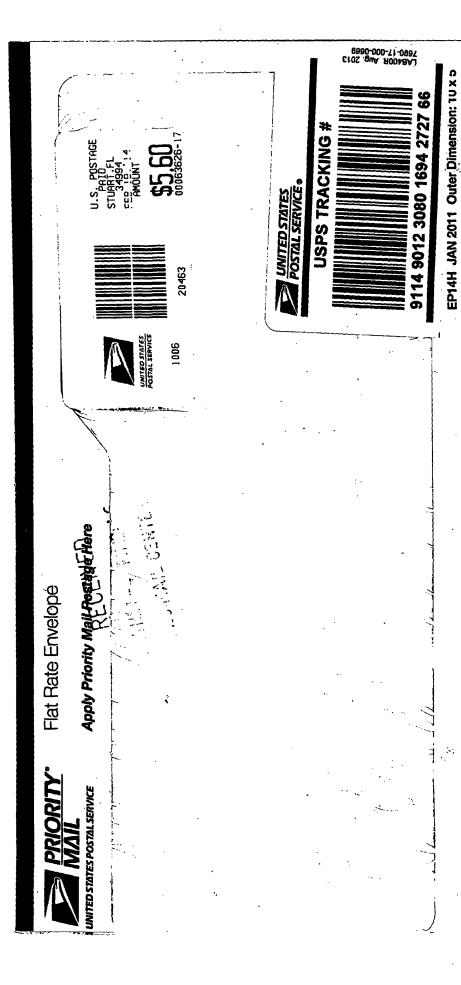
Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated



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(8/2013)