

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Ray Torres Sanchez For Congress

ADDRESS (number and street) 2296 East Canal Street South

(Check if address is changed) Belle Glade

Belle Glade FL 33430

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Rayphdlfd@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

561 - 996 - 6788

2. DATE 06 18 2007

3. FEC IDENTIFICATION NUMBER ► C

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 it is true, correct and complete.

Type or Print Name of Treasurer Thomas Nicolette

Signature of Treasurer *Thomas Nicolette* Date 06 18 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (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 Ray Torres Sanchez

Candidate Party Affiliation	Dem	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	F1
						District	23

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  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.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

Ray Torres Sanchez For Congress

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Thomas Nicolette

Mailing Address 3850 Northwest 97TH Avenue

Cooper City FL 33024

Title or Position Title: Bookkeeper; CITY: Cooper City; STATE: FL; ZIP CODE: 33024; Telephone number: 786-473-7311

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 Thomas Nicolette

Mailing Address 3850 Northwest 97TH Avenue

Cooper City FL 33024

Title or Position Title: Treasurer; CITY: Cooper City; STATE: FL; ZIP CODE: 33024; Telephone number: 786-473-7311

Full Name of Designated Agent

Mailing Address

Title or Position Title; CITY; STATE; ZIP CODE; Telephone number

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 OF AMERICA

Mailing Address

888 N.W. 62ND STREET

FORT LAUDERDALE

FL

33309

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2703664015

Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER	6/20/07 DATE PREPARED
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