### RECEIVED FEC MAIL CENTER

2016 SEP 15 AM 10: 29

### **MEMO**

TO:

MS. DEBORAH CHACONA

FROM:

SAM A. CABRAL, INTERNATIONAL PRESIDENT Sam A Callad

**SUBJECT:** 

DATE:

9/14/2016

Ms. Chacona,

I have enclosed the FEC Form 1, Statement of Organization, which is the replace the Treasurer with the newly elected individual, Hugh Cameron. It is our understanding from your office that we only need complete the required information on the Treasurer. Please let me know if you require any additional information.

Sam A. Cabral International President

# 20-6 · 09 · 15 · 08 · 0009905

FEC FORM 1

Office

Use

Only

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2 16 SEP 15 AM 10: 30

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	5 ( 1
Internation	na 1 Unicon	0f P0 1, ce	Associa	tions
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	L	
ADDRESS (number and street)	1549 Ring	11 ing Blud	6th F10	011111
(Check if address is changed)				
Ç.	Sarasota CITY		STATE A	ZIP CODE <b>A</b>
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)		<u> </u>	<u> </u>	
	Optional Second E-Mail Ad			
COMMITTEE'S WEB PAGE AD	DRESS (LIBL)			
(Check if address				· · · · · · · · · · · · · · · · · · ·
હિંહી is changed)	WININ . I MININ .	101-191-1-1-1-1-1	1 1 1 1 1 1 1	·
2. DATE 09	3 2016			
3. FEC IDENTIFICATION N	umber ▶ CC	0264382		£
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	)	
I certify that I have examined the	his Statement and to the oes	of my knowledge and belie	ef it is true, correct and co	omplete.
Type or Print Name of Treasure	»	10m		
Signature of Treasurer	Alla		Date 09	12/20/6
NOTE: Submission of false, erron		n may subject the person signit		nalties of 52 U.S.C. §30109

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

**FEC FORM 1** 

(Revised 06/2012)

	C FOR	rm 1 (Hevised 02/2009)	Page 2				
	OF COMMITTEE didate Committee:						
Cand	luate	: Committee.					
(a)	T 50	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Aur	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name ( Candid		yf ,					
Candid	lata	Protections for the Control of the C	toto				
	andidate Office State arty Affiliation Sought: House Senate President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate							
Dorby	Com	nmittee:					
Party	COII		ocratic,				
(d)			olican, etc.) Party.				
Politic	cal A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:				
		Corporation Corporation w/o Capital Stock Lab	or Organization				
		Membership Organization Trade Association Coo	perative				
		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 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	oint Fundraising 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.						
	Com	Committees Participating in Joint Fundraiser					
	1.		ones accordance and accordance				
	2.		and the second second second second				
•			englasenilannilansilansilansi englasenilannilansilansilansi				
	3.	FEC ID number C	na kanadanan panadanan menganan panadanan				
•	4.						

TEC TOTAL T (Flevised	1 dg.	-
Write or Type Committee Name	ne	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC S	Sponsor
Mailing Address		
•	CITY STATE ZIP COD	DE
Relationship: Table Connecte	ted Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership F	PAC Sponsor
7. Custodian of Records: Ide books and records.	dentify by name, address (phone number optional) and position of the person in possession of	of committee
Full Name		لـــــا
Mailing Address		
Title or Position	CITY STATE ZIP COD	ÞΕ
	Telephone number	<u> </u>
<ol> <li>Treasurer: List the name ar any designated agent (e.g.,</li> </ol>	and address (phone number optional) of the treasurer of the committee; and the name and a ., assistant treasurer).	address of
Full Name of Treasurer	L. J. CAMERON	
Mailing Address	1.549 Ring 1 ing B1 Nd 6+4 FL	
	Sarasata ZIP COD	E E
Title or Position  Secretary	Telephone number $941 - 487 - 487$	

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of Designated

nedule a pickup or find a drop off location near you. **ups.com®** or call **1-800-PICK-UPS®** (1-800-742-5877)

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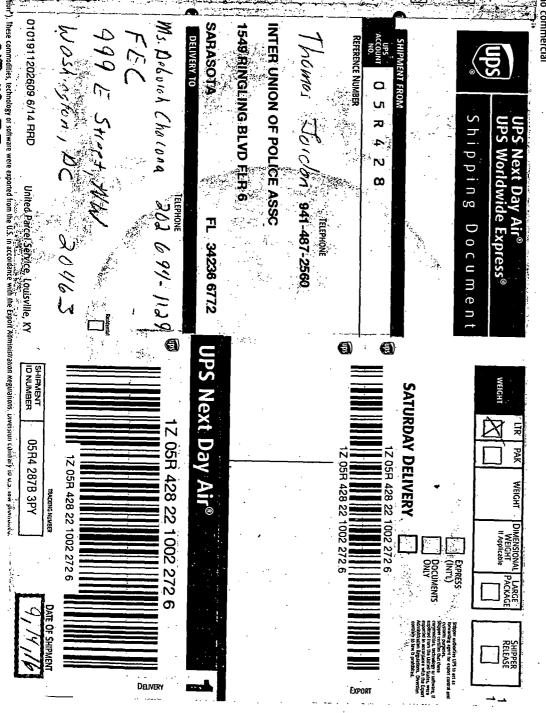
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010195101 4/14 PAC United Parcel Service

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USPS Priority Mail Express	Postmarked
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No Postmark	
Overnight Delivery Service (Specify): UPS	Shipping Date 09-14-2016
Received from House Records & Registration Of	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
(3/2015)	DATE PREPARED