

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Michele for Florida, Inc.

ADDRESS (number and street)

1802 N. Belcher Road

(Check if address is changed)

Suite 100

Clearwater

FL

33759

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@micheleforflorida.com

Optional Second E-Mail Address

jonathan@calsolutionsgroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.micheleforflorida.com

2. DATE

MM / DD / YYYY  
06 / 14 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C C00782136

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 Brill, Jonathan, , ,

Signature of Treasurer

Brill, Jonathan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 14 / 2021

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.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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 Rayner, Michele, K., Ms.,

Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President State  FL District  13

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

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

**Party Committee:**

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

**Political 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)  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 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Michele for Florida, Inc.

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

LEAD THE WAY 2022

Mailing Address 2828 N CENTRAL AVE  
 FLOOR 10  
 PHOENIX AZ 85004  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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 Brill, Jonathan, , ,  
 Mailing Address 701 S. Howard Avenue  
 #106-813  
 Tampa FL 33606  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 813 733 0070

**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 Brill, Jonathan, , ,  
 Mailing Address 701 S. Howard Avenue  
 #106-813  
 Tampa FL 33606  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 813 733 0070

Full Name of Designated Agent

Thomas, John, , ,

Mailing Address

701 S. Howrd Avenue

#106-813

Tampa

FL

33606

CITY

STATE

ZIP CODE

Title or Position

Asst Treasurer

Telephone number

813

733

0070

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.

Centennial Bank

Mailing Address

4600 W. Kennedy Blvd

Tampa

FL

33609

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE