

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
16 MAY 25 PM 3:02
Office Use Only

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

Committee to elect Florida's Peace Candidate, Basil E. Dalack, to the United States Senate

ADDRESS (number and street)

P.O. Pox 3683

(Check if address is changed)

Tequesta

FL

33469

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

basildalack@gmail.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 05 22 2016

3. FEC IDENTIFICATION NUMBER

C00616904

4. IS THIS STATEMENT

NEW (N)

OR



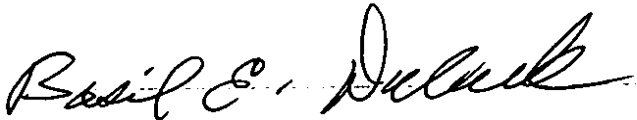
AMENDED (A)

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

Basil E. Dalack

Signature of Treasurer



Date

05 22 2016

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 02/2009)

201605250200186133

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

Basil E. Dalack

Candidate
Party Affiliation

NPA

Office
Sought:☐

House

☒

Senate

☐

President

State

District

- (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. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

201605250200186134

Write or Type Committee Name

Committee to elect Florida's Peace Candidate, Basil E. Dalack, to the United States Senate

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

Mailing Address

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

Basil Edward Dalack

Mailing Address

225 Golfview Drive

Tequesta

FL

33469

1922

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

561

746

1644

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

Basil Edward Dalack

Mailing Address

225 Golfview Drive

Tequesta

FL

33469

1922

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

561

746

1544

201605250200186135

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Wells Fargo

Mailing Address

1360 U.S. Highway One

Jupiter

FL

33469

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the  icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

201605250200186136

PRESS FIRMLY TO SEAL

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS10001000006

VISIT US AT **USPS.COM®**
ORDER FREE SUPPLIES ONLINE

+ Money Back Guarantee for U.S. destinations only.



**UNITED STATES
POSTAL SERVICE.**

PRESS FIRMLY TO SEAL

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE: (867) 346-69

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED: The addressee must check the "Signature Required" box if the addressee is not the addressee's signature. OR 2) Purchase additional insurance; OR 3) Purchase COD service; OR 4) Purchase Return Receipt service. If the box is not checked, the Postal Service will have the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

☐ No Saturday Delivery (delivered next business day)

☐ Sunday/Holiday Delivery Required (additional fee, where available)

☐ 10:30 AM Delivery Required (additional fee, where available)

*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE: (867) 346-69

ZIP + 4 (U.S. ADDRESS ONLY)

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

10001000006

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 5-23-16
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☒

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

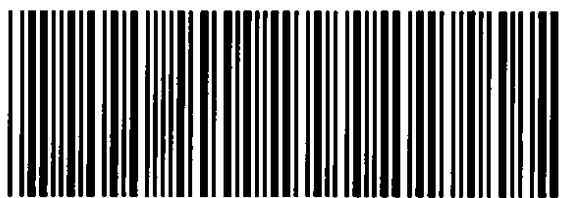
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

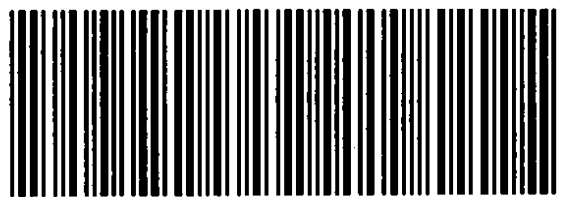
PREPARER DH DATE PREPARED 5-25-16

4/04/16

201605250200186138



SEN PATCH



SEN PATCH

201605250200186139