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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PAUL SIDNEY ELLIOTT COMMITTEE TO MAKE FL 14 & AMERICA GREAT AGAIN P O BOX 274204 ADDRESS (number and street) (Check if address is changed) **TAMPA**  $\mathsf{FL}$ 33688-4204 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PSE@PSEJD.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00751693 FEC IDENTIFICATION NUMBER > 3. 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. ELLIOTT, PAUL, SIDNEY, , Type or Print Name of Treasurer ELLIOTT, PAUL, SIDNEY,, [Electronically Filed] 07 15 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF C						
	e Committee:					
(a) <b>x</b>	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	ELLIOTT, PAUL, SIDNEY, ,					
Candidate	on REP Sought: X House Senate President	State				
Party Amilian	arty Affiliation REP Sought: <b>X</b> House Senate Presiden					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con	nmittee:					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political A	ction 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 Fund	Iraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Com	mittees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.	FEC ID number C					

1				
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Write or Type Committee Name	<b>5</b>			
PAUL SIDNEY ELL	LIOTT COMMITTEE T	O MAKE FL 14 8	& AMERICA	A GREAT AGAIN
6. Name of Any Connected C	Organization, Affiliated Committee	e, Joint Fundraising Repre	sentative, or Lea	dership PAC Sponsor
NONE				
Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Commit	ttee Joint Fundraising F	Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone num	ber optional) and positio	n of the person in	n possession of committee
ELLIOTT, Full Name	PAUL, SIDNEY, ,			1
	P O BOX 274204			
Mailing Address				
	TAMPA		Г. 236	88-4204
	TAMPA		FL 336	00 4204
Title or Position	CITY		STATE	ZIP CODE
CANDIDATE/TREASURER		Telephone numb	per 813	- 265 - 1314
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number option assistant treasurer).	al) of the treasurer of the o	committee; and th	e name and address of
	PAUL, SIDNEY, ,			1
of Treasurer	P O BOX 274204			
Mailing Address				
	TAMPA			7ID CODE
Title or Position , CANDIDATE/TREASURER	CITY		STATE , 813 ,	ZIP CODE
		Telephone numb	per [ ] -	

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Full Name of Designated EL Agent	LIOTT, PAUL, SIDNEY, ,					
Mailing Address	P O BOX 274204					
	TAMPA	FL STATE	33688-4204 ZIP CODE			
Title or Position CANDIDATE/TREAS	SURER	ephone number 813				
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.  THE BANK OF TAMPA						
Mailing Address	13868 N DALE MABRY HWY					
	TAMPA	FL [	33618-2420			
	CITY	STATE	ZIP CODE			
Name of Bank, Depo	ository, etc.					
Mailing Address						