

# 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

BRIAN MAST FOR CONGRESS

ADDRESS (number and street) PO BOX 3016

(Check if address is changed)

STUART CITY ▲ FL STATE ▲ 34995 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

contact@mastforcongress.com

Optional Second E-Mail Address jose@riescoandcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.mastforcongress.com

2. DATE 12 / 22 / 2015

3. FEC IDENTIFICATION NUMBER C C00579896

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 RIESCO, JOSE, , ,

Signature of Treasurer RIESCO, JOSE, , , [Electronically Filed] Date 06 / 26 / 2017

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

**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 MAST, BRIAN, , ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  FL District  18

- (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

# BRIAN MAST FOR CONGRESS

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

MAST FOR CONGRESS

Mailing Address

PO BOX 3016

STUART

FL

34995

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 RIESCO, JOSE, , ,

Mailing Address 2600 South Douglas Rd

Ste 900

Coral Gables

FL

33134

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Telephone number

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 RIESCO, JOSE, , ,

Mailing Address 2600 South Douglas Rd

Ste 900

Coral Gables

FL

33134

Title or Position Treasurer/CPA

CITY

STATE

ZIP CODE

Telephone number

Telephone number 305 445 0777

Full Name of Designated Agent

Bustamante, Anthony, , ,

Mailing Address

705 SW 5th Ave

Miami

FL

33130

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

305

300

2744

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.

City National Bank

Mailing Address

2855 S LeJeune Road

Coral Gables

FL

33134

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE