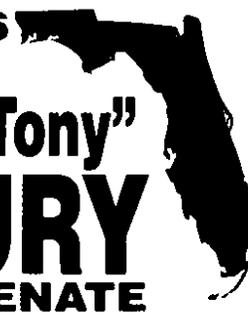


2016  
VOTE  
**ANTON "Tony"  
KHOURY**  
FOR U.S. SENATE



SECRETARY OF THE SENATE

17 APR 19 AM 9:26

Ms. Julie Adams  
Secretary of the Senate  
Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578

March 31, 2017

Dear Secretary Adams:

This letter will serve as notification that I hereby forgive all outstanding loans that I, as a candidate, made to the Tony Khoury for Senate 2016 Committee (Committee.ID# C00610972) from my personal funds. The balance of these outstanding loans is \$109,498.18. If you have any questions, please contact me at the above address.

Sincerely,



Anton Khoury  
(Candidate ID# S6FL00434)

201704200200118183



[www.Khoury4florida.com](http://www.Khoury4florida.com)

P.O. Box 565087

Miami, FL 33256-5087

[tony@khoury4florida.com](mailto:tony@khoury4florida.com)

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 APR 19 AM 9:26

Office Use Only

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

12FE4M5

Tony Khoury for Senate 2016

ADDRESS (number and street)

701 Destacada Ave

(Check if address is changed)

Coral Gables

CITY

FL

STATE

33156

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tonyk@jetaccsoh.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 12 / 2017

3. FEC IDENTIFICATION NUMBER

C00610972

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 Joseph, Louisa, . . .

Signature of Treasurer

Joseph, Louisa, . . . [Handwritten Signature]

Date

4 / 13 / 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.

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)

201704200200118184

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 Khoury, Anton, , ,

Candidate Party Affiliation  Office Sought:  House  Senate  President State  FL 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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

201704200200118185

Write or Type Committee Name

# Tony Khoury for Senate 2016

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

NONE

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

Khoury, Anton, . .

Mailing Address

PO Box 565087

Miami

FL

33256-5087

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

305

546

5337

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

Joseph, Louisa, . .

Mailing Address

P. O. Box 565087

Miami

FL

33256-5087

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

305

546

5337

201704200200110100

Full Name of Designated Agent | Wolfe, Larry, . . .

Mailing Address | 7695 S. W. 104th St

| Suite 220

| Miami | FL | 33156

CITY STATE ZIP CODE

Title or Position | Assistant Treasurer | Telephone number | 305 | 661 | 2222

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.

| Sunstate Bank

Mailing Address | 14095 South Dixie Highway

|

| Miami | FL | 33176-7222

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

|

Mailing Address |

|

| | | - |

CITY STATE ZIP CODE

201704200200118187

00170400000112122

PRESS FIRMLY TO SEAL

# PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

## SCREENED BY THE SENATE POST OFFICE

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



UNITED STATES  
POSTAL SERVICE.

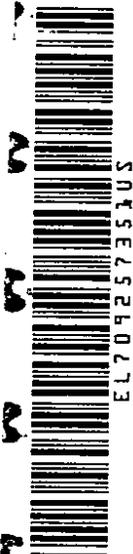
PRESS FIRMLY TO SEAL

U.S. POSTAGE  
PAID  
MIAMI, FL  
33116  
APR 13, 17  
AMOUNT  
**\$23.75**  
R2304H108877-7



1007

20013



EL704257351US



PRIORITY  
★ MAIL ★  
EXPRESS™

**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT)  
Tony K...  
781...  
7590  
APR 13 2013  
SNAP REFERENCE  
M FL 33116

PAYMENT BY ACCOUNT (if applicable)

### DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature, OR 2) Purchases additional insurance, OR 3) Purchases COD service, OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options:  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Rate to USPS.com or local Post Office, for availability

TO: (PLEASE PRINT)  
MILE...  
PHONE: ...  
7590  
20013-1707

ZIP + 4 (U.S. ADDRESSES ONLY)  
20013-1707

For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.  
\$100.00 Insurance Included.

<b>ORIGIN (POSTAL SERVICE USE ONLY)</b>		<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Parcels	Insurance Fee	Live Animal Transportation Fee	
33106	7/14/17	\$0.57	\$	\$	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Return Receipt Fee	Total Postage & Fees		
4/13/17	10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12:00N <input type="checkbox"/>	\$	\$	\$	
Temp Accepted	10:30 AM Delivery Fee	Sunday/Holiday Premium Fee	Employee Signature		
346 PM	\$	\$	Employee Signature		
Special Handling/Triage	Weight	Accumulation Employee Fee	Delivery Attempt (MM/DD/YYYY)	Time	
\$	4 lbs. oz.	\$	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
	DELIVERY (POSTAL SERVICE USE ONLY)		Delivery Attempt (MM/DD/YYYY)	Time	
	Employee Signature		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	

LABEL 11-B, OCTOBER 2016 PSN 7890-02-000-9999 3-ADDRESSEE COPY

Money Back Guarantee for U.S. destinations only.

# 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 \_\_\_\_\_  
Postmark **4-13-17**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

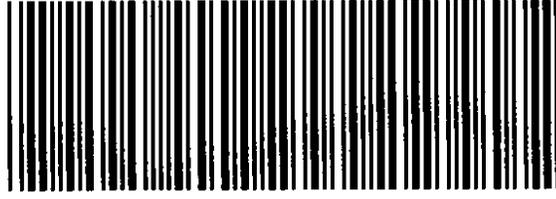
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

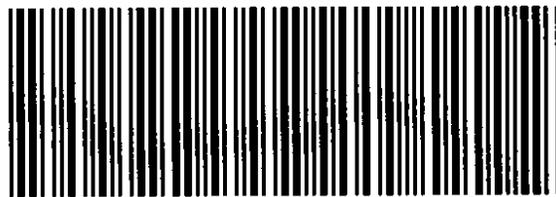
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-19-17**

201704200200118189



SEN PATCH



SEN PATCH

201704200200118190