FEC

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Maritime Officers Retirees Association P.O. Box 66 ADDRESS (number and street) (Check if address is changed) Dania Beach FL 33004-0066 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS theaton@amo-union.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00089557 FEC IDENTIFICATION NUMBER > 3. X 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. Rice, Robert, , , Type or Print Name of Treasurer Rice, Robert, , , [Electronically Filed] 80 10 2021 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

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e 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 information below.)	e candidate
Name of Candidate		
Candidate Party Affiliati		ate
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State (Democ	eratio
(d)	· · · · ·	can, etc.) Party
Political A	Action Committee (PAC):	
(e) x	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 Coop	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees for two or the committees for two or more committees for the committees for the committees for the committees for two or more committees for the committees f	ore political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Com	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.		
4.		

FEC Form 1 (Revised 0	02/2009)		Page 3
Write or Type Committee Name			
American Mariti	me Officers Retirees Asso	ociation	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative, or Lea	dership PAC Sponsor
American Maritime Off	icers		
Mailing Address	P.O. Box 66		
	Dania Beach	FL 3300	04-0066
	CITY	STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) a	and position of the person ir	n possession of committee
Heaton, Th	nomas, , ,		1
Full Name	,P.O. Box 66		
Mailing Address			
	Dania Beach	FL 330	04
Title or Position	CITY	STATE	ZIP CODE
Controller	Teleph	hone number 954	- 367 - 1051
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasuressistant treasurer).	rer of the committee; and th	e name and address of
Full Name Rice, Robe	rt, , ,		ı
of Treasurer	P.O. Box 66		
Mailing Address	1.0.000		
	Dania Beach	FL 3300	04
Title or Position	CITY	STATE	ZIP CODE
National Secretary-T	Teleph	none number 954	921 - 2221

1 20 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ids accounts, rents
safety deposit be	oxes or maintains funds.	ids accounts, rents
safety deposit be Name of Bank,	PNC Bank 200 E Broward Blvd	ZIP CODE
safety deposit be Name of Bank,	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE	
safety deposit be Name of Bank, Mailing Address	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE	
safety deposit be Name of Bank, Mailing Address	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	PNC Bank 200 E Broward Blvd Fort Lauderdale CITY STATE Depository, etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend for new Treasurer

Form/Schedule: Transaction ID: