

**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

Yen Bailey for Congress

ADDRESS (number and street)

P.O. Box 12699

☐ (Check if address is changed)

Tallahassee

CITY ▲

FL

STATE ▲

32317

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

yenbailey@gmail.com

Optional Second E-Mail Address

lucasluzietti@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.yenbaileyforcongress.com

2. DATE

MM / DD / YYYY  
07 / 08 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00882886

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 Gabriel, Keith, , Mr.,

Signature of Treasurer Gabriel, Keith, , Mr.,

Date

MM / DD / YYYY  
01 / 23 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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 **BAILEY, HUY-YEN, CAM, Ms.,**

Candidate Party Affiliation **DEM**

Office Sought:



House



Senate



President

State

**FL**

District

**02**

- (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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) ☐ 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.
- (j) ☐ 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.

**C**

2.

**C**

Write or Type Committee Name

Yen Bailey for Congress

## 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 Organization ☐ 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 Gabriel, Keith, , Mr.,

Mailing Address 6504 Todd Rd.

Jacksonville

FL

32216

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

904

469

1598

## 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 Gabriel, Keith, , Mr.,

Mailing Address 6504 Todd Rd.

Jacksonville

FL

32216

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

904

469

1598

Full Name of  
Designated  
Agent

Bailey, Huy-Yen, Cam, ,

Mailing Address

P.O. 12699

Tallahassee

FL

32317

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

850

893

5387

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.

Regions Bank

Mailing Address

3516 Thomasville Road

Tallahassee

FL

32309

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Luzietti, Lucas, Alexander, , \_\_\_\_\_

Mailing Address P.O. Box 12699 \_\_\_\_\_

\_\_\_\_\_  
Tallahassee FL 32309 \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Campaign manager

Telephone Number

850 - 893 - 5387

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. \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Brown-Luziatti, Charlotte, Annette, Ms., \_\_\_\_\_

Mailing Address P.O. Box 12699 \_\_\_\_\_

\_\_\_\_\_  
Tallahassee FL 32317 \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Deputy Treasurer \_\_\_\_\_

Telephone Number

850 - 893 - 5387

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. \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲