Only

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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) is changed) over the lines. Yen Bailey for Congress P.O. Box 12699 ADDRESS (number and street) (Check if address is changed) Tallahassee 32317 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address yenbailey@gmail.com is changed) Optional Second E-Mail Address luçasluzietti@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.yenbaileyforcongress.com (Check if address is changed) DATE 2024 C00882886 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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., Date 01 23 2025 Signature of Treasurer Gabriel, Keith, , Mr., 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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.)	ne candidate
Name of Candidate BAILEY, HUY-YEN, CAM, Ms.,	
Candidate Party Affiliation Office Sought: House Senate President	State FL District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 02
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	_
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.)	
(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 P	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1C	

	FEC Form 1 (Revised 0	02/2009)			Page 3
٧	Von Poilov for C				
<u> </u>	Yen Bailey for C Name of Any Connected O	organization, Affiliated Committee,	Joint Fundraising Repr	esentative, or Leade	rship PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organizat	ion Joint Fundraising	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number	optional) and position o	of the person in posses	sion of committee
	Gabriel, Ke	eith, , Mr.,			
	Full Name	6504 Todd Rd.			
	Mailing Address				
		Jacksonville		FL 32216	
	Till a Bailtin	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer	1		ı 904 ı ı	469 1598
	Treasurer		Telephone nun	nber	- 1000
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optiona assistant treasurer).	al) of the treasurer of the	e committee; and the r	name and address of
	Full Name Gabriel, Ke	eith, , Mr.,			1
		₁ 6504 Todd Rd.			
	Mailing Address				
		Jacksonville		. Fl 20040	
		Jacksonville		FL 32216	
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
	Treasurer	1		ı 904 ı ı	469 1598
			Telephone nun	nber	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	Bailey, Huy-Yen, Cam, ,	
Mailing Address		
		00047
	Tallahassee FL	32317
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Candidate	Telephone number	850 - 893 - 5387
	Depositories: List all banks or other depositories in which the committee deposit xes or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Regions Bank	
Mailing Address	3516 Thomasville Road	
	Tallahassee	32309
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
lame of Any Connected	Organization, Affiliated Cor	nmittee, Joint Fundra	ising Representativ	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone r		Fundraising Represent	
esignated Agent: Identify	_			
esignated Agent: Identify	by name, address (phone r			
esignated Agent: Identify Luzietti, I Full Name	P.O. Box 12699			
esignated Agent: Identify Luzietti, I Full Name	by name, address (phone rucas, Alexander, ,		FL	32309
esignated Agent: Identify Luzietti, I Full Name	P.O. Box 12699 Tallahassee	number – optional)		
esignated Agent: Identify Luzietti, I Full Name Mailing Address	P.O. Box 12699 Tallahassee	number – optional)	FL L	32309 ZIP CODE A
esignated Agent: Identify Luzietti, Full Name	r by name, address (phone roucas, Alexander, , P.O. Box 12699 Tallahassee CITY ries: List all banks or other of	number – optional)	STATE A	32309 ZIP CODE ▲ 850 – 893 – 538
Esignated Agent: Identify Luzietti, Full Name	r by name, address (phone roucas, Alexander, , P.O. Box 12699 Tallahassee CITY ries: List all banks or other of	number – optional)	STATE A	32309 ZIP CODE ▲
Esignated Agent: Identify Luzietti, Full Name Mailing Address TITLE OR POSITION Campaign manager anks or Other Deposito afety deposit boxes or mailane of Bank, epository, etc.	r by name, address (phone roucas, Alexander, , P.O. Box 12699 Tallahassee CITY ries: List all banks or other of	number – optional)	STATE A	32309 ZIP CODE A
Esignated Agent: Identify Luzietti, Full Name Mailing Address TITLE OR POSITION Campaign manager anks or Other Deposito afety deposit boxes or mailane of Bank, epository, etc.	r by name, address (phone roucas, Alexander, , P.O. Box 12699 Tallahassee CITY ries: List all banks or other of	Teledepositories in which the	STATE A	32309 ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin				
1.		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	C
4.		FEC	ID number	С
ame of Any Connected	Organization, Affiliated Committe	ee, Joint Fundraising	Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Comm by name, address (phone number	_	sing Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number uzietti, Charlotte, Annette, Ms.,		sing Represent	ative Leadership PAC Sp
esignated Agent: Identify Brown-L	by name, address (phone number		sing Represent	ative Leadership PAC Sp
esignated Agent: Identify Brown-L Full Name	by name, address (phone number sizietti, Charlotte, Annette, Ms., P.O. Box 12699			
esignated Agent: Identify Brown-L Full Name	by name, address (phone number uzietti, Charlotte, Annette, Ms.,		sing Represent	ative Leadership PAC Sp
esignated Agent: Identify Brown-L Full Name	P.O. Box 12699 Tallahassee			
esignated Agent: Identify Brown-L Full Name Mailing Address	P.O. Box 12699 Tallahassee		FL STATE A	32317
esignated Agent: Identify Brown-L Full Name Mailing Address TITLE OR POSITION Deputy Treasurer	ries: List all banks or other deposite rivers (phone number of phone number of	r – optional)	FL STATE A	32317 ZIP CODE ▲ 850 – 893 – 538
Brown-L Full Name Mailing Address TITLE OR POSITION Deputy Treasurer anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other deposite rivers (phone number of phone number of	r – optional)	FL STATE A	32317 ZIP CODE ▲ 850 – 893 – 538
Brown-L Full Name Mailing Address TITLE OR POSITION Deputy Treasurer anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other deposite rivers (phone number of phone number of	r – optional)	FL STATE A	32317 ZIP CODE ▲ 850 – 893 – 538
Brown-L Full Name Mailing Address TITLE OR POSITION Deputy Treasurer anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other deposite rivers (phone number of phone number of	r – optional)	FL STATE A	32317 ZIP CODE ▲ 850 – 893 – 538