

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2013 OCT 24 AM 9:39

FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JOE MARTINEZ FOR CONGRESS

ADDRESS (number and street)

C/O SUSANA TACORONTE - GOLDSTEIN SCHECHTER KOCH
2121 PONCE DE LEON BLVD, 11TH FLOOR
CORAL GABLES FL 33134

☐ (Check if address
is changed)

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@joemartinezforcongress.com

☐ (Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.joemartinezforcongress.com

☐ (Check if address
is changed)

2. DATE

10th 23rd 2013

3. FEC IDENTIFICATION NUMBER

C

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

SUSANA TACORONTE

Signature of Treasurer

Date

10th 23rd 2013

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 02/2009)

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

JOE A. MARTINEZ

Candidate Party Affiliation

REP

Office Sought:



House



Senate



President

State

FL

District

26

- (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

- | | | | |
|----|----------------------|---------------|---|
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| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

13031133191

Write or Type Committee Name

JOE MARTINEZ FOR CONGRESS

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

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

SUSANA TACORONTE

Mailing Address

GOLDSTEIN SCHECHTER KOCH

2121 PONCE DE LEON BLVD, 11TH FLOOR

CORAL GABLES

FL

33134

Title or Position

CITY

STATE

ZIP CODE

MANAGER

Telephone number

305 - 442 - 2200

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

SUSANA TACORONTE

Mailing Address

GOLDSTEIN SCHECHTER KOCH

2121 PONCE DE LEON BLVD, 11TH FLOOR

CORAL GABLES

FL

33134

Title or Position

CITY

STATE

ZIP CODE

MANAGER

Telephone number

305 - 442 - 2200

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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

8725 NW 18 TERRACE

MIAMI

FL

33172

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031133193

earthSmart

FedEx carbon-neutral
envelope

ALIRUCES 3EL AB CEAYR-X

SS
677
RT
FZ
10/20/2001

From: (305) 442-2200
EVA SANCHEZ
GOLDSTEIN SCHECHTER PRICE
2121 PONCE DE LEON BLVD.
11TH FLOOR
CORAL GABLES, FL 33134

Origin ID: JDMA



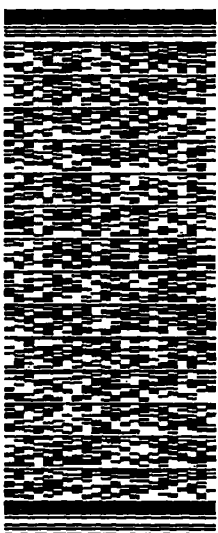
J13201506280028

SHIP TO: (305) 442-2200

BILL SENDER

FEDERAL ELECTION COMMISSION
999 E STREET, N.W.

WASHINGTON DC, DC 20463



Ship Date: 23OCT13
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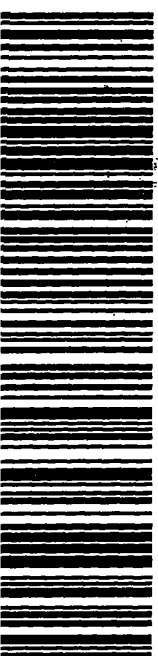
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TRK#: 7969 8436 5362
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Federal Election Commission
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<i>Imp</i> PREPARER (8/2013)	<i>10/24/13</i> DATE PREPARED
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