

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2011 SEP 29 AM 9:16  
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

BROWARD REPUBLICAN EXECUTIVE COMMITTEE

ADDRESS (number and street)

150 S. ANDREWS AVENUE

(Check if address  
is changed)

POMPANO BEACH

FL

33069

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

headquarters@browardgop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.browardgop.org

2. DATE

08 30 2011

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

Mark McCarthy

Signature of Treasurer

*Mark McCarthy*

Date

08 30 2011

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)

11030664204

Write or Type Committee Name

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

N O N E

Mailing Address

[Mailing address grid]

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 [M A R K M C C A R T H Y]

Mailing Address [150 S. A N D R E W S A V E]

[Address grid]

[F T L A U D E R D A L E] [F L] [33069]

Title or Position

CITY

STATE

ZIP CODE

[T R E A S U R E R]

Telephone number [954] - [941] - [7775]

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 [M A R K M C C A R T H Y]

Mailing Address [150 S. A N D R E W S A V E]

[Address grid]

[P O M P A N O B E A C H] [F L] [33069]

CITY

STATE

ZIP CODE

Title or Position

[T R E A S U R E R]

Telephone number [954] - [941] - [7775]

11030664205

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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ 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  SUB (National, State or subordinate) committee of the  REP (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  C
2. \_\_\_\_\_ FEC ID number  C
3. \_\_\_\_\_ FEC ID number  C
4. \_\_\_\_\_ FEC ID number  C

11030664206

Full Name of Designated Agent

RICHARD DeNAPOLI

Mailing Address

150 S. ANDREWS AVE

FT. LAUDERDALE

CITY

FL

STATE

ZIP CODE

Title or Position

CHAIRMAN

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.

BANK OF AMERICA

Mailing Address

888 NW 62ND STREET

FORT LAUDERDALE

CITY

FL

STATE

33309

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030664207

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

11030664208

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                 |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>9/22/11</i>    |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                 |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible                                      |                                 |
| <input type="checkbox"/> No Postmark   |                                 |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                   |
| Next Business Day Delivery <input type="checkbox"/>                              |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked   |
| <i>JMP</i><br>PREPARER<br>(3/2005)   | <i>9/29/11</i><br>DATE PREPARED |