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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. Wayne Messam For America, Inc. 3150 SW 145th Ave Ste 100 ADDRESS (number and street) (Check if address is changed) Miramar 33027 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@waynemessam.com (Check if address is changed) Optional Second E-Mail Address wayne@waynemessam.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.wayneforamerica.com (Check if address is changed) DATE 29 2019 C00699280 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. Davis, Tanya, , , Type or Print Name of Treasurer Davis, Tanya,,, [Electronically Filed] 04 15 2019 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

		4 (Davided 00/0000)	D 0
		rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Con information below.)	nplete the candidate
Nam Can	e of didate	Messam, Wayne, Martin, Mr.,	
	didate y Affiliati	on DEM Office Sought: House Senate Fresident	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Name		.9
Wayne Messam	For America, Inc.	
	rganization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATI	E ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the	he person in possession of committee
	ES, P.A., S. DAVIS, &, ,	
Full Name	2521 HOLLYWOOD BOULEVARD	
Mailing Address		
	Hollywood , FL	33020
Title or Position	CITY STATE	ZIP CODE
Candidate/Treasurer	Telephone number	954 927 - 5900
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the commissistant treasurer).	ittee; and the name and address of
Full Name Davis, Tany	/a, , ,	
of Treasurer	2521 HOLLYWOOD BOULEVARD	
Mailing Address		
	L Hollowood	122020
	Hollywood FL CITY STATE	33020 -
Title or Position Candidate/Treasurer	Telephone number	954 - 927 - 5900

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Full Name of Designated	Dorval, Jacqueline, , ,	
Agent	₁ P.O. Box 278080	
Mailing Address		
	Miramar FL 33027	
T	CITY STATE	ZIP CODE
Title or Position Assistant Treas	rer Telephone number	
Name of Bank, I	xes or maintains funds. Depository, etc. Banking Branch & Trust 17195 Miramar Pkwy	
J		
	Miramar FL 33027	
	CITY STATE	
		ZIP CODE
Name of Bank, I	Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.	ZIP CODE
Name of Bank, I		ZIP CODE
		ZIP CODE
		ZIP CODE

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

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5(g) or (h	n). Joint Fundraisin g	g Participant:				
	1.			FEC ID	number	C
	2			FEC ID	number	C
	3.			FEC ID	number	C
	4.			FEC ID	number	C
6. N a	ame of Any Connected	Organization, Affiliated Co	mmittee, Joint Fundr	aising Repr	esentative	e, or Leadership PAC Sponso
[
l						
	Mailing Address					
	Relationship:	CI	TY ▲		STATE A	ZIP CODE ▲
				J	Representa	tive Leadership PAC Spon
8. De	esignated Agent: Identify Tucker, Ja	by name, address (phone anice, , ,				
— 3. De		-				
— 3. De	Tucker, Ja	-				
— 3. De	Tucker, Ja	anice, , ,				
— 3. D e	Tucker, Ja	anice, , ,				33027
— 3. De	Tucker, Ja Full Name	P.O. Box 278080 Miramar	number – optional)			
— В. De	Tucker, Ja	P.O. Box 278080 Miramar	number – optional)		FL TATE	33027
— Э. Ba sat	Tucker, Ja Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	P.O. Box 278080 Miramar CIT	number – optional)	S'elephone Nur	FL IATE Anber	33027
— Э. Ba sat	Tucker, Ja Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositor fety deposit boxes or ma	P.O. Box 278080 Miramar CIT	number – optional)	S'elephone Nur	FL IATE Anber	33027 ZIP CODE A
— Э. Ba sat	Tucker, Ja Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	P.O. Box 278080 Miramar CIT	number – optional)	S'elephone Nur	FL IATE Anber	33027 ZIP CODE A
— Э. Ba sat	Tucker, Ja Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	P.O. Box 278080 Miramar CIT	number – optional)	S'elephone Nur	FL IATE Anber	33027 ZIP CODE A