

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED EC MAIL CENTER

2020 JAN -6 PM 12:20

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Michael Bluemling Jr for Congress

ADDRESS (number and street)

305 NE 2nd Ave Suite #99

(Check if address is changed)

Delray Beach

CITY

FL

STATE

33444

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mbluemlingjr@michaelbluemlingforcongress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.michaelbluemlingforcongress.com

2. DATE

01 / 04 / 2020

3. FEC IDENTIFICATION NUMBER

C00707349

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

Michael Bluemling Jr.

Signature of Treasurer

Michael Bluemling Jr.

Date

01 / 04 / 2020

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

NON-PROFIT ORGANIZATION

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: Michael Joseph Blumenthal Jr

Candidate Party Affiliation: REP Office Sought: House Senate President State: FL District: 21

- (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

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

Write or Type Committee Name

Michael Blumenthal Jr. 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 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

Michael Blumenthal Jr.

Mailing Address

305 NE 2nd Ave. Suite #99

Delray Beach

FL

33444

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

561-271-1019

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

Michael Blumenthal Jr.

Mailing Address

305 NE 2nd Ave Suite #99

Delray Beach

FL

33444

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

561-271-1019

Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

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.

BB&T

Mailing Address

125 Worth Ave

Suite 100

Palm Beach

FL

33480

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

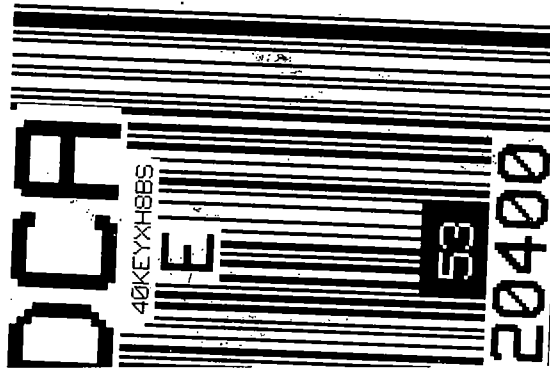
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FX SC IAD

TOTAL: 00148
AT 19:30 PBI:MSW 02
AT 07:00 01/05/20



40KEYXHBS

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TOMS DECLARATION
MAY BE REQUIRED.



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Orig: 33444
01/04/20
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FROM: (PLEASE PRINT)

Michael Blumling Jr for Congress
305 NE 2nd Ave Suite 99
Deby Seed PC 33444

PHONE (

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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Federal Election Commission
1050 First Street N.E.
Washington, DC

PHONE (

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20463

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Federal Agency Acct. No. or Postal Service™ Acct. No.

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1-Day 2-Day Military DPO
Postage

PO ZIP Code 33444

Scheduled Delivery Date (MM/DD/YYYY) 1/6

Scheduled Delivery Time 10:30 AM 12 NOON 3:00 PM

Date Accepted (MM/DD/YYYY) 1/4

Time Accepted AM PM 10:15

Special Handling/Fragile

Weight lbs. 02.5

Rate \$

Insurance Fee \$

Return Receipt Fee \$

COD Fee \$

Live Animal Transportation Fee \$

Total Postage & Fees \$ 25.50

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time AM PM

Employee Signature

Delivery Attempt (MM/DD/YYYY) Time AM PM

Employee Signature

LABEL 11-B, MARCH 2019

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ES	1/6/20
PREPARER	DATE PREPARED

(3/2015)

20200106 10:00:00 AM