

2010 MAY 12 AM 11:27

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

**LUIS MEURICE FOR CONGRESS COMMITTEE**

ADDRESS (number and street)

**2180 BRICKELL AVENUE**

**UNIT 12**

(Check if address is changed)

**MIAMI**

**FL**

**33129**

CITY

STATE

ZIP CODE

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

(Check if address is changed)

**luis@meuriceforcongress.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

**www.meuriceforcongress.com**

2. DATE

**04 28 2010**

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

**BERNARD A. BECKER**

Signature of Treasurer

*Bernard A. Becker*

Date

**05 07 2010**

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)

10050330352

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 LUIS MEURICE

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State FL District 25

- (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 C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

10030330353

Write or Type Committee Name

**LUIS MEURICE FOR CONGRESS COMMITTEE**

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

**TREASURER**

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

**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

**BERNARD A. BECKER**

Mailing Address

**8180 NW 36 STREET**

**SUITE 100-E**

**DORAL**

**FL**

**33166**

CITY

STATE

ZIP CODE

Title or Position

**TREASURER**

Telephone number

**305 - 594 - 1120**

10030330354

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for 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.

BANKATLANTIC

Mailing Address

2121 PONCE DE LEON BLVD

[Empty field for Mailing Address]

CORAL GABLES

FL

33134

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

1003033055

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
5/7/10

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JM*  
 PREPARER

5/12/10  
 DATE PREPARED

10030330356