Only

## STATEMENT OF

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**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. Friends of Jason Mariner PO Box 18241 ADDRESS (number and street) (Check if address is changed) West Palm Beach 33416 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike@politicalaccountinggroup.com (Check if address is changed) Optional Second E-Mail Address Mariner4FL@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://marinerforcongress.com/ (Check if address is changed) DATE 05 2021 C00786384 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. Millner, Michael, Paul, , Type or Print Name of Treasurer Millner, Michael, Paul, , [Electronically Filed] 09 2021 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

Local 202-694-1100

		4 (7) 1 1 22 (222)	5 6
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Mariner, Jason, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State FL District 20
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical 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 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 secommittee. (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 to 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 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.	FEC ID number	
	4.		

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Write or Type Committee Name		
Friends of Jaso	n Mariner	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Millner, Mi	chael, Paul, ,	
Mailing Address	2055 NW Diamond Creek Way	
	Jensen Beach FL 34957	
Title or Position	CITY STATE	ZIP CODE
Treasurer		261   -   8100
s. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natessistant treasurer).	me and address of
Full Name Millner, Mid	chael, Paul, ,	
Mailing Address	2055 NW Diamond Creek Way	
	Jensen Beach	-
Title or Decition	CITY STATE	ZIP CODE
Title or Position Treasurer		261 8100

TEO FUIII I (RE	evised 02/2009)		Page <b>4</b>
Full Name of Designated Millne Agent	er, Debra, , ,		
Mailing Address	2055 NW Diamond Creek Way		
	Jensen Beach CITY	STATE	34957 ZIP CODE
Title or Position Assistant Treasurer	Telephone n	. 77	
Name of Bank, Deposit			
Name of Bank, Deposit			
Name of Bank, Deposit	ory, etc.  Bank		
Name of Bank, Deposit	ory, etc.  Bank	FL L	33409
Name of Bank, Deposit	Bank 2130 Centerpark W Dr	FL STATE	33409 ZIP CODE
Name of Bank, Deposition TD  Mailing Address	Bank  2130 Centerpark W Dr  West Palm Beach  CITY		
Name of Bank, Deposition TD  Mailing Address	Bank  2130 Centerpark W Dr  West Palm Beach  CITY  Ory, etc.	STATE	
Name of Bank, Deposition  TD  Mailing Address  Name of Bank, Deposition	Bank  2130 Centerpark W Dr  West Palm Beach  CITY  Ory, etc.	STATE	ZIP CODE
Name of Bank, Deposit	Bank  2130 Centerpark W Dr  West Palm Beach  CITY  Ory, etc.	STATE	ZIP CODE
Name of Bank, Deposition  TD  Mailing Address  Name of Bank, Deposition	Bank  2130 Centerpark W Dr  West Palm Beach  CITY  Ory, etc.	STATE	ZIP CODE
Name of Bank, Deposition  TD  Mailing Address  Name of Bank, Deposition	Bank  2130 Centerpark W Dr  West Palm Beach  CITY  Ory, etc.	STATE	ZIP CODE