**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Derek A. Schwartz for Congress 4755 Technology Way ADDRESS (number and street) Suite 205 (Check if address is changed) Boca Raton  $\mathsf{FL}$ 33431 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS derekaschwartz@gmail.com (Check if address is changed) Optional Second E-Mail Address derek@derekforcongress.us COMMITTEE'S WEB PAGE ADDRESS (URL) derekforcongress.us (Check if address is changed) DATE 07 2018 C00669176 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. Schwartz, Derek, A.,, Type or Print Name of Treasurer Schwartz, Derek, A.,, [Electronically Filed] 02 2018 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

		- (P. ) - (-2-2-2-2)	5 6
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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	Schwartz, Derek, A., ,	
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State FL District 21
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b></b>
(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 s committee. (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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo 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		-
Derek A. Schwa	artz for Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
Schwartz,	Derek, A., ,	
Mailing Address	4755 Technology Way	
<b>3</b>	Suite 205	
	Boca Raton FL 3	3431
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 561	981 - 8089
<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 assistant treasurer).	the name and address of
Full Name Schwartz, I	Derek, A., ,	
Mailing Address	4755 Technology Way	
	Suite 205	
		3431
Title or Position Treasurer	CITY STATE 561  Telephone number	ZIP CODE

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Full Name of Designated Agent	Manolesco, Sofia, , ,	
Mailing Address	4755 Technology Way	
	Suite 205	
	Boca Raton FL 33431  CITY STATE Z	IP CODE
Title or Position Assistant Treas	urer	81 - 8089
		accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank, N.A.  5355 Town Center Road  Suite 101  Boca Raton  FL 33486	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank, N.A.  5355 Town Center Road  Suite 101  Boca Raton  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank, N.A.    Suite 101     Boca Raton     CITY     STATE     Zepository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank, N.A.  5355 Town Center Road  Suite 101  Boca Raton  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank, N.A.    Suite 101     Boca Raton     CITY     STATE     Zepository, etc.	
safety deposit be Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Wells Fargo Bank, N.A.    Suite 101     Boca Raton     CITY     STATE     Zepository, etc.	