

# 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

MANUEL FOR CONGRESS 2024

ADDRESS (number and street) 6228 Topsail Rd

(Check if address is changed)

Lady Lake CITY ▲ FL STATE ▲ 32159 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Manuel@manuelforcongress.com

Optional Second E-Mail Address  
manuelforcongress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.manuelforcongress.com

2. DATE 07 / 11 / 2022

3. FEC IDENTIFICATION NUMBER C C00809434

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 Alcantara, Anna, Lizette, ,

Signature of Treasurer Alcantara, Anna, Lizette, , [Electronically Filed] Date 07 / 11 / 2022

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.

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 Alcantara, Christopher, Manuel, ,

Candidate Party Affiliation  NPA      Office Sought:  House     Senate     President      State  FL      District  11

- (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.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  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.
- (j)  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. \_\_\_\_\_

C \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# MANUEL FOR CONGRESS 2024

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

NONE

Grid lines for text entry

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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.

Alcantara, Anna, Lizette, ,

Full Name

Grid lines for full name

Mailing Address

Grid lines for mailing address: PO Box 51, Lady Lake, FL 32158

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title: Treasurer

Grid lines for telephone number: 386-479-4001

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).

Alcantara, Anna, Lizette, ,

Full Name of Treasurer

Grid lines for full name

Mailing Address

Grid lines for mailing address: PO Box 51, Lady Lake, FL 32158

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title: Treasurer

Grid lines for telephone number: 386-479-4001

Full Name of Designated Agent Alcantara, Christopher, Manuel, ,

Mailing Address 6228 Topsail Rd Lady Lake FL 32159 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 352 255 4171

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.

Bank of America

Mailing Address 901 US-27 Lady Lake FL 32159 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE