FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Oz for Congress PO Box 9467 ADDRESS (number and street) (Check if address is changed) Port St. Lucie 34985 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ckoob@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ozforcongress.com (Check if address is changed) DATE 2020 C00721290 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. Pitts, Maria, , , Type or Print Name of Treasurer Pitts, Maria,,, [Electronically Filed] 01 28 2020 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(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. (Compinformation below.)	plete the candidate
Name Cand	e of lidate	Vazquez, Osvaldo, , ,	
	lidate ⁄ Affiliati	on DEM Office Sought: X House Senate President	State FL District 18
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	Domogratio
(d)			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 confi	nected 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)	gregated 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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEC Form 1 (Revise	ed 02/2009)	Page 3			
Write or Type Committee Na		v			
Oz for Congre	ess				
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor			
NONE					
Mailing Address					
. 5					
		I I-I			
	CITY STATE	ZIP CODE			
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso			
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the pers	son in possession of committee			
	Steven, , ,				
Full Name	611 Pennsylvania Avenue SE				
Mailing Address	Suite 143				
	Washington	20003			
Title or Position	CITY STATE	ZIP CODE			
Assistant Treasurer	Telephone number				
Treasurer: List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	nd the name and address of			
Full Name Pitts, Months of Treasurer	laria, , ,				
Mailing Address	PO Box 9467				
	Port St. Lucie	34985			
Title or Position Treasurer	CITY STATE	ZIP CODE			
	Telephone number				

Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Address	611 Pennsylvania Avenue SE	
	Suite 143	
	Washington DC 20003 CITY STATE Z	IP CODE
Title or Position Assistant Treasur		
safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds are sor maintains funds. epository, etc.	accounts, rents
safety deposit box Name of Bank, De	tes or maintains funds.	accounts, rents
safety deposit box Name of Bank, De	epository, etc.	accounts, rents
safety deposit box: Name of Bank, De	Amalgamated Bank 1825 K Street NW	accounts, rents
safety deposit box Name of Bank, De	Amalgamated Bank	accounts, rents
safety deposit box Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington DC 20006	accounts, rents
safety deposit box Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	
safety deposit box Name of Bank, De Mailing Address	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	
safety deposit box: Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	
safety deposit box: Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	
safety deposit box: Name of Bank, De	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	