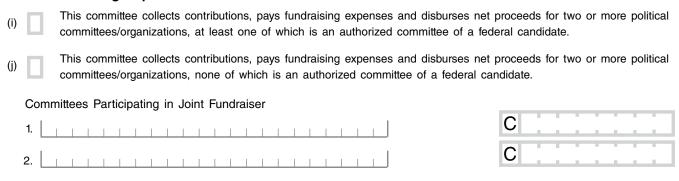
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Jacqueline B. F	Romain for U.S. Co	ongress		 
ADDRESS (number and street	289 Scrub Jay Dr			
(Check if address is changed)	Saint Augustine		L FL 32 STATE ▲	2092 
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	romainjacqueline73@	gmail.com		
	Optional Second E-Mail Ad	dress @amail.com		1
<ul> <li>(Check if address is changed)</li> </ul>				
2. DATE 07	29 2023			
3. FEC IDENTIFICATION	NUMBER ► C c	00846949		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treas	urer Michel, Frantz, , ,			
Signature of Treasurer	lichel, Frantz, , ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 29 2023
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) <b>x</b> 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 t information below.)	he candidate
	Name of Boulin Romain, Jacqueline, , ,	
	Candidate Office Party Affiliation DEM Office Sought: House Senate President	State FL
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 05
	Name of	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republication	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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.)	
	(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 F	PAC).

## Joint Fundraising Representative:



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

Relationship:

	FEC Form 1 (Revised 0	)2/200	9)																									Pag	ge 3	3		
	Write or Type Committee Name																															
	Jacqueline B. I	Ror	nai	n	fo	r l	U.\$	S.	С	or	า <u>c</u>	gre	es	S																		
6.	Name of Any Connected O	rganiz	zation	n, Af	filia	ited	Co	mmi	ittee	ə, J	oin	t Fu	und	Irai	sin	g F	lep	res	ent	ati	ve,	or	Le	ad	ers	shi	p P	AC	Sp	ons	sor	
					ĺ																											
	Mailing Address						_																									1

1

T

ZIP CODE

Leadership PAC Sponsor

STATE

Joint Fundraising Representative

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

1

Connected Organization

CITY

Affiliated Organization

Michel, Fra	ntz, , ,								
Full Name									
Mailing Address	640NE 160th ST								
	Miami	FL 33162							
	CITY A	STATE 🔺	ZIP CODE						
Title or Position ▼									
Treasurer         786         487         2037           Telephone number         - <t< td=""></t<>									

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	Michel, Frantz, , ,									
of Treasurer										
Mailing Address	640NE 160th ST									
	Miami FL 33162									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
Treasurer	Telephone number     786     487     2037									

FEC Form 1 (Revised 02	2/20	09)	)																		F	Pag	е 4	ŀ		
Full Name of Designated Agent	1													1											1	
Mailing Address																										
						Cľ	TΥ							:	STA	ΤE				ZI	ΡC		Œ			
Title or Position ▼																										
										Tele	əph	one	e n	umł	ber				- [_							

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.

Vystar	Credit Union		
Mailing Address	1955 County Rd 210		
	St Johns	FL 32259	) 
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲