The Law Offices of Lorenzo Palomares P.S.C. RECEIVED

Attorneys & Counselors at law

A Professional Services Law Corporation Tax Id. 450-47-5649 Trial Lawyers

2013 AUG -8 PM 12: 19

FEC MAIL CENTER

Miami, FL San Juan, PR Washington, DC Los Angeles, CA Boston, MA

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August 6, 2013

Federal Election Commission 999 E. Street, NW Washington, DC 20

Re: Candidacy of Lorenzo "Larry" Palomares-Starbuck U.S. House of Representatives Florida District 26 2014 election

Dear Commission:

Attached Please find my completed Statement of Organization and statement of candidacy for the 2014 U.S. House of Representative for the Florida Congressional District 26.

If you have any question please feel to call on me, my cell phone is 305-926-1110.

Lorenzo Palomares Attorney at law

Candidate

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2333 Brickell Ave, Suite A-1 Miami FL 33129 Tel. 305-358-4500 Fax 787-777-1540 Palolaw2@gmail

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVE 2013 AUG -8 PM 12: 19 FEC MAIL CENTER Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
LORENZO "LA	RRY" PALOMARES STARBUCK FOR	CONGRESS
ADDRESS (number and str (Check if addres is changed)	SUITE A-1	FL 33155
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL A		DMARES.COM
COMMITTEE'S WEB PAG (Check if addre is changed)	WWW.LORENZOPALOM	<u>ARES.COM</u>
2. DATE 07	′ 31 ° ′ 2013	
3. FEC IDENTIFICATIO		
4. IS THIS STATEMEN		
I certify that I have exam Type or Print Name of Tro Signature of Treasurer	ined this Statement and to the best of my knowledge and belief $\frac{\text{ELY CESAR}}{\text{ELY CESAR}}$	it is true, correct and complete. Date $08'' 08'' 2013''$
	, erroneous, or incomplete information may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g.
Office	ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Use	Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

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5.	TYPE	OFC	DMMITTEE
	Cano	didate	Committee:
	(a)	\times	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 Candi		LORENZO, "LARRY", PALOMARES STARBUCK
	Candi Party	idate Affiliatio	n REP Office Sought: House Senate President State F2
	(c)		, This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		LORENZO "LARRY PALOMARES-STARBUCK
	Part	v Com	mittee:
	(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(0)		
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	П	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.)
	Joint	Fund	raising Representative:
	(g)	Π	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.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(1)	\square	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
,		2.	FEC ID number
		3.	
		4.	
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Write or Type Committee Name

6.	Name of Any C	onne	cted	1 0	rgai	niza	atior	n, <i>I</i>	Affil	liat	ed	Co	mn	nitt	ee,	Jo	int	Fui	ndr	ais	ing	R	epr	es	ent	ativ	e,	or	Le	adı	ers	hip	P	AC	: S	por	ISO	r	
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7.	Custodian of Rebooks and recor		lst: Ic	dent	tify	by	nam	ıe,	ado	ires	ss ((pho	one	nı	umb	er	(pti	ona	l) a	and	pc	siti	on	of	the	pe	erso	on	in	po	sse	ss	ion	of	co	mm	ittee	•
	Full Name	JC)ŞI	ĘF	<u> </u>	1												<u> </u>			l			1				l		i	1	1	L				<u> </u>	_1	J
	Mailing Address				12	33	53.	В	Κļ	Ç	K	Εļ	_Ļ	Ą	١Ų	Ę	Ş	ŲΙ	Ţ	Ę	Ą	-1												,		,			1

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		FL_	33129	
Title or Position	CITY	STATE	ZIP CODE	
CAMPAIN DI		ne number 3	05 - 1215 - 4555	À.

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	CESAR		
Mailing Address	100 EDWATER DRIVE		
-			
		FL	33133
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	305 205 1538

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	
Mailing Address	
	MIAMI, , , , , , , , , , , , , , , , , , ,
	CITY STATE ZIP CODE
Title or Position	CHAIR Telephone number 305 - 215 - 4552

Page 4

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.

SUNT	RUST BANK		
Mailing Address	1,SE,3,AVE,	<u>1 I I I</u>	
		<u>i i l l l</u>	
		FĻj	33131,
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
SUN	ŢŖŲSŢ,₿ĄŅĶ	<u>i I. I. I. I</u>	
Mailing Address	1,SE,3,AVE,	1	
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	ΜΑΜΙ	[FL]	33131 -
	CITY	STATE	ZIP CODE

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Date of Hand Delivered	Receipt
Postma	ırked
Postma	rked (R/C)
Postma	nrked
Postma	rked
USPS Express Mail	5/13
Postmark Illegible	
No Postmark	
Shippir Overnight Delivery Service (Specify):	ng Date
Next Business Day Deliv	ery
Date of Received from House Records & Registration Office	Receipt
Date of Received from Senate Public Records Office	Receipt
Date of Received from Electronic Filing Office	Receipt
Date of Receipt or Po	ostmarked
8	8 13
PREPARER DATE F (7/2013)	PREPARED

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