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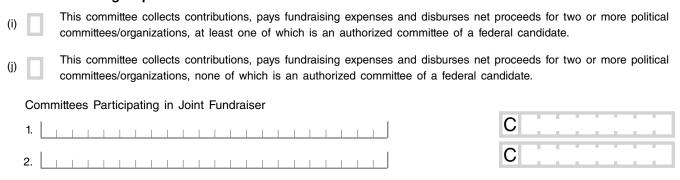
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## STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Soriano For Con	gress			
ADDRESS (number and street)	8624 CR 635			
(Check if address				
is changed)	Bushnell		FL    3	3513
			L L	
COMMITTEE'S E-MAIL ADDRE	SS			
× < (Check if address	gavisoria316@gmail.c	om		
is changed)	Optional Second E-Mail Add	dress		
2. DATE 04 0	D / Y Y Y Y 9 / 2021			
3. FEC IDENTIFICATION N	UMBER ► C c	00776344		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct ar	d complete.
Type or Print Name of Treasure	er Soriano, Gavriel, Eliyahu, Mr	.,		
Signature of Treasurer	no, Gavriel, Eliyahu, Mr.,	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 24 2023
NOTE: Submission of false, erron		may subject the person signing the TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §301
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC	C Form 1 (Revised 03/2022)	Page <b>2</b>
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 the information below.)	ne candidate
	Name of Candidate Soriano, Gavriel, Eliyahu, Mr.,	
	Candidate Party Affiliation REP Office Sought: K 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 Republicar	c, ı, etc.) Party
I	Political Action Committee (PAC):	
(	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate 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 P	AC).

## Joint Fundraising Representative:



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

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Soriano For Congress

6.	Name of Any NONE	Conn	ected	d Oi	rgaı	niza	atio	n, A	\ffil	iate	ed	Co	mr	nit	tee	, Jo	oin	t F	uno	dra	isir	ng	Re	pre	sei	nta	tive	e, o	r L	.ea	der	ship	) P/	AC	Sp	on	sor	
																																						]
	Mailing Addres	SS																																1				
												C	CIT	Y											ST	ATE						ZI	ΡC		DE			
	Relationship:	C	onnec	ted	Org	janiz	zatio	n		Aff	iliat	ted	Or	gar	niza	tior	ı		Jo	oint	Fu	Indr	rais	ing	Re	pre	sen	tativ	/e			Lea	der	ship	ρP	AC	Spo	nso

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

Soriano, G	avriel, Eliyahu, Mr.,						
Full Name							
Mailing Address	8624 CR 635						
	Bushnell		FL	33513			
		CITY 🔺	STATE	Ξ 🔺	ZIP CODE		
Title or Position ▼							
Treasurer   352   397   1450     Telephone number   - <t< th=""></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	Soriano, Gavriel, Eliyahu, Mr.,						
of Treasurer							
Mailing Address	8624 CR 635						
	Bushnell   FL   33513     -   -   -   -						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer 352 - 397 - 1450   Telephone number - - - - - -							

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Full Name of Designated Agent								
Mailing Address								
	CITY A STATE A	ZIP CODE ▲						
Title or Position ▼								
Telephone number   -								

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.

, L	SunTrust		
Mailing Address	107 Bushnell Plaza		
	Bushnell	FL 33513	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, De	pository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲