

**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

Defeat and Empower

ADDRESS (number and street)

1360 S. Figueuroa Street, Unit D #4

☐ (Check if address is changed)

Los Angeles

CITY ▲

CA

STATE ▲

90015

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@defeatmccarthy.com

Optional Second E-Mail Address

gloria@bffcompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

defeatmccarthy.com

2. DATE

MM / DD / YYYY
02 / 08 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00804427

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 Pollara, Benjamin, , ,

Signature of Treasurer Pollara, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 08 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Defeat and Empower

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ 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.

Full Name

Maggiolo, Gloria, , ,

Mailing Address

6619 S Dixie Hwy No 148

Miami

FL

33143

Title or Position

CITY

STATE

ZIP CODE

Accounting

Telephone number

305

364

2666

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
of Treasurer

Pollara, Benjamin, , ,

Mailing Address

2525 Ponce de Leon Blvd

3rd Floor

Coral Gables

FL

33134

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

305

989

4901

Full Name of
Designated
Agent

Mailing Address

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.

Amalgamated Bank

Mailing Address

255 California Street

Ste 600

San Francisco

CA

94111

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**Form/Schedule: F1N****Transaction ID :**

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule:**Transaction ID:**