Image# 202112159469862551				12/15/2021 09 . 51
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 10
1. NAME OF	(Check if name	Example: If typing, type		ffice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Miami Associatio	on of Fire Fighters	s IAFF Local 587		
	2980 N.W. South River Drive			
ADDRESS (number and street)				
is changed)	Miami		FL331	125
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 	treasurer@iaff587.org			
ie enaligee/	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	2 / Y Y Y Y 2010			
3. FEC IDENTIFICATION N	UMBER ► C c	00139014		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	er Cernuda, Raul, , ,			
Signature of Treasurer	uda, Raul, , ,	[Electronically Filed]	Date 12	/ D D / Y Y Y Y 15 2021
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC FC	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidate	e Committee:	
(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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) ×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	cooporativo
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Corr	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Treasurer

Miami Association of Fire Fighters IAFF Local 587 PAC

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

Miami Association of F	ire Fighters IAFF Local 587										
Mailing Address	2980 NW South River Drive										
	Miami	FL	33125								
	CITY	STATE	ZIP CODE								
Relationship: x Connected	Relationship: 🗴 Connected Organization 🖉 Affiliated Committee 🖉 Joint Fundraising Representative 🚺 Leadership PAC Sponsor										
7. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) a	and position of the pers	on in possession of committee								
Cernuda, F	Raul, , ,										
Full Name											
Mailing Address	2980 NW South River Drive										
	Miami	FL	33125-1146								

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).

1 1

305

Telephone number

633

3442

Full Name of Treasurer	Cernuda, Raul, , ,
Mailing Address	2980 NW South River Drive
	Miami
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number = 305 = 633 3442

Full Name of Designated Agent	Cardenas, Alexander, , ,
Mailing Address	2980 NW South River Drive
	Miami
	CITY STATE ZIP CODE
Title or Position Chairman	Telephone number = 633 = 3442

Name of Bank, Depository, etc.

	Miami Firefighters Fed Credit Union	
Mailing Address	1111 N.W. 7 Street	
	Miami	FL 33136
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

_	Optional Supplemental Information
FEC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1	1.		FEC ID number	С
2	2		FEC ID number	С
3	3.		FEC ID number	С
4	4		FEC ID number	C
	-	organization, Affiliated Committee, Joint Fund OCIATION OF FIREFIGHTERS INTEREST		
	Mailing Address	1750 NEW YORK AVE NW		
				20006
	Relationship:		STATE A	ZIP CODE
	Connected (Organization X Affiliated Committee Join	nt Fundraising Representa	tive Leadership PAC Sponsor
8. Desi	ignated Agent: Identify b	by name, address (phone number - optional)		
F	Full Name			
1	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
			Felephone Number	

Name of Bank, Depository, etc.																			1				
Mailing Address																							
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FEC For	m 1S	(Revised	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	-		
Mailing Address	1907 FREEMAN STREET		
			77009
Relationship:	CITY 🔺	STATE A	
Connected	Organization X Affiliated Committee Joint	Fundraising Representat	ive Leadership PAC Sponsor
Designated Agent: Identify	v by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION		STATE 🔺	ZIP CODE
	Te	lephone Number	
	1. 2. 3. 4. Mame of Any Connected HOUSTON FIRE FIGH Mailing Address Relationship: Connected Designated Agent: Identify Full Name Mailing Address	1. 2. 3. 4. </th <th>1. FEC ID number 2. FEC ID number 3. FEC ID number 3. FEC ID number 4. FEC ID number 4. FEC ID number Matter of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, HOUSTON FIRE FIGHTERS POLITICAL ACTION FUND, INTERNATIONAL ASSOCIAT Mailing Address 1907 FREEMAN STREET Mailing Address 1907 FREEMAN STREET HOUSTON TX HOUSTON TX Belationship: CITY ▲ Connected Organization Affiliated Committee Joint Fundraising Representation Mailing Address</th>	1. FEC ID number 2. FEC ID number 3. FEC ID number 3. FEC ID number 4. FEC ID number 4. FEC ID number Matter of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, HOUSTON FIRE FIGHTERS POLITICAL ACTION FUND, INTERNATIONAL ASSOCIAT Mailing Address 1907 FREEMAN STREET Mailing Address 1907 FREEMAN STREET HOUSTON TX HOUSTON TX Belationship: CITY ▲ Connected Organization Affiliated Committee Joint Fundraising Representation Mailing Address

Name of Bank, Depository, etc.																						
Mailing Address																						
				С	ITY	^					S	TAT	Έ			-	ZIP	С	DDE	•		

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number C	
4	FEC ID number	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor DADE COUNTY FIRE FIGHTERS, LOCAL 1403 PAC

Mailing Address	8000 NW 21 STREET		
	SUITE 222		
	MIAMI		33122
Relationship:	CITY A	STATE A	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																							1			
Mailing Address																										
		1															1									
																							-	- L		
TITLE OR POSITION	▼				C	ידו	(🔺								S	TAT	E				ZIP	c C	OD	E		
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Name of Bank, Depository, etc.																								
Mailing Address																								
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FEC Form 1S (Revised 02/20		tal Information 6, 8 and/or 9	Page <u>8</u> of <u>10</u>
) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Sponsor
PHOENIX FIRE FIG	GHTERS, LOCAL 493, FIRE F	PAC COMMITTEE	
Mailing Address	61 E COLUMBUS AVE, #200		
			85012
Relationship:	CITY A	STATE	
Connected 0	Organization X Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Spons
Designated Agent: Identify b	by name, address (phone number - optic	nal)	
Full Name			
Mailing Address			
	CITY ▲	STATE ▲	
TITLE OR POSITION V			

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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FEC	Form	1S	(Revised	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	=	Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	6320 Manchester Ave.		
		Suite 42A		
		Kansas City	MO	64133
	Relationship:		STATE	
	× Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identit	iy by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		
			STATE A	
		1 🗸	STATE	

Name of Bank, Depository, etc.																						
Mailing Address																						
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FEC Form 1S (Revised 02/201		Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9										
(g) or (h). Joint Fundraising	Participant:											
1.		FEC ID number	С									
2.		FEC ID number	C									
3.		FEC ID number	С									
4.		FEC ID number	С									
-	rganization, Affiliated Committee, Joint Fun FIGHTERS ASSOCIATION POLI											
Mailing Address	204-208 EAST 23RD STREET											
Relationship:	CITY A	STATE										
Connected C	Drganization X Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sponso									
Designated Agent: Identify b	oy name, address (phone number - optional)											
Full Name												
Mailing Address												
			-									
TITLE OR POSITION ▼	CITY ▲	STATE A										
		Telephone Number	_ _									

Name of Bank, Depository, etc.																														
Mailing Address	L																													
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	CITY 🔺											STATE A								ZIP CODE										