

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

South Florida First PAC

ADDRESS (number and street) PO Box 52-2784

(Check if address is changed)

Miami

CITY

FL

STATE

331522784

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

etorgas@mbafcpa.com

Optional Second E-Mail Address

miamicongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 25 / 2017

3. FEC IDENTIFICATION NUMBER

C C00280537

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 Argiz, CPA, Antonio, L., Mr.,

Signature of Treasurer Argiz, CPA, Antonio, L., Mr.,

[Electronically Filed]

Date

10 / 25 / 2017

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  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 Fundraising Representative:**

- (g)  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 committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# South Florida First PAC

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

IRL PAC

Mailing Address

PO Box 90-1233

Homestead

FL

330901233

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 Torgas, CPA, Ed, , Mr.,

Mailing Address 3150 SW 38th Avenue

Floor 11

Miami

FL

33146-1531

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

305

445

0045

**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 Argiz, CPA, Antonio, L., Mr.,

Mailing Address 1450 Brickell Avenue

Floor 18

Miami

FL

33131-3444

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

305

663

0831

Full Name of Designated Agent

Argiz, CPA, Antonio, L., Mr.,

Mailing Address

1450 Brickell Avenue

Floor 18

Miami

FL

33131-3444

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

305

663

0831

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.

Sun Trust Bank

Mailing Address

2952 NE 8th Street

Homestead

FL

33033

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Ros-Lehtinen, Ileana, , The Hon.,

Mailing Address   
  
    
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

- Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name   
Mailing Address   
  
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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.   
Mailing Address   
  
CITY ▲ STATE ▲ ZIP CODE ▲