Image# 201710269076678571				10/20/2017 13.51
FEC	STATEME ORGANIZ			PAGE 1 / 4 ——
FORM 1				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	PO Box 90-1233			
(Check if address is changed)				
is changed)	Homestead		FL 33	0901233
	CITY A		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	etorgas@mbafcpa.con) 		
	Optional Second E-Mail Ad	dress		
	msosa@mpaicpa.co	μπ. 		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 10 / 2	6 ⁷ ^Y			
3. FEC IDENTIFICATION N	UMBER ► C C	00402982		
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 an	d complete.
		-		
Type or Print Name of Treasure	er Torgas, CPA, Ed, , Mr.,			
Signature of Treasurer	as, CPA, Ed, , Mr.,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 26 2017
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Presider	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	9.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization is
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 separat committee. (i.e., nonconnected committee)	te segregated fund or par
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 f committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4	

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Write or Type Committee Name

IRL PAC

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

South Florida First PA	C				
Mailing Address	PO Box 52-2784				
	Miami			FL	331522784
	(CITY		STATE	ZIP CODE
Relationship: Connected	Organization 🗴 Affiliate	ed Committee	Joint Fundraising	Representativ	e 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.

Torgas, CF	PA, Ed, , Mr.,
Full Name	
Mailing Address	3150 SW 38th Avenue
	Floor 11
	Miami FL 33146-1531
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number = = = 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	Torgas, CPA, Ed, , Mr.,
Mailing Address	3150 SW 38th Avenue
	Floor 11
	Miami
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

Full Name of Designated Agent	Torgas, CPA, Ed, , Mr.,
Mailing Address	3150 SW 38th Avenue
	Floor 11
	Miami FL 33146-1531
	CITY STATE ZIP CODE
Title or Position	Telephone number 305 445 0045

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.

T	D Bank		
Mailing Address	2495 NE 8th Street		
	Homestead	FL 33033	
	CITY	STATE ZIP CODE	
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	