

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

William Marsters for President 2024

ADDRESS (number and street)

1850 S ALLEN BLVD 401

☐

(Check if address
is changed)

Pompano Beach

CITY ▲

FL

STATE ▲

33062

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

maristhanswilliam363@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

09 / 16 / 2023

3. FEC IDENTIFICATION NUMBER ►

C00847830

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

Jessica Ramirez

Signature of Treasurer

Jessica Ramirez

Date

09 / 16 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 03/2022)

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

William Maristiers

Candidate Party Affiliation

I

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.)

- (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 PAC).

☐

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

Joint Fundraising Representative:

- (i) ☐ 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.
- (j) ☐ 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. 2.

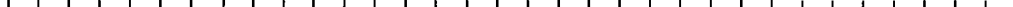
C00847830

C

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

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

**Mailing Address**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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

William T Masters

Mailing Address

1850 S. Ocean Blvd #401

Романо Вел

151

33062

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Same

Telephone number

954-290-2794

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

Mailing Address

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

1 1 - 1 -

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

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

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 ▲

2025-06-27 10:00:00

SEAL FIRMLY TO



PRESS FIRM



Retail



20463

U.S. POSTAGE PAID

PME 1-Day

FORT LAUDERDALE

FL 33346

SEP 25, 2023

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MAIL
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CUSTOMER USE ONLY

PHONE 1954 290 2794

William Neighbors
1850 Ocean Blvd #401
Pompano Beach FL 33062

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the Signature Required box if the mailer requires the addressee's signature. OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
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PHONE ()

1050 First St NE
Washington D.C. 20463

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable)

USPS Corporate Acct. No.

Federal Agency Acct. No. or Postal Service® Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day

☐ 2-Day

☐ Military

☐ DPO

PO ZIP Code

Scheduled Delivery Date (MM/DD/YYYY)

Postage

33348

9/20/23

\$ 28.75

Delivery Attempt (MM/DD/YYYY)

Scheduled Delivery Time

Insurance Fee

COD Fee

9/25/23

6:00 PM

\$ -

\$ -

Time Accepted

☐ AM ☐ PM

Return Receipt Fee

Live Animal Transportation Fee

10:10 AM

\$ -

\$ -

Special Handling/Fragile

Sunday/Holiday Premium Fee

Total Postage & Fees

\$ -

Weight

☐ Fragile ☐ Acceptance Employee Initials

2.00 lbs

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)

Time

Employee Signature

9/20/23

☐ AM ☐ PM

Delivery Attempt (MM/DD/YYYY)

Time

Employee Signature

☐ AM ☐ PM

Delivery Attempt (MM/DD/YYYY)

Time

Employee Signature

☐ AM ☐ PM

LABEL 11-B, MAY 2021

PSN 7688-02-000-8998



EP13F July 2022

NON-MAIL BOX ON BOARDING



UNITED STATES
POSTAL SERVICE

UNITED STATES
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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ No Postmark	
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☐ Other (Specify):	Date of Receipt or Postmarked

Ben
PREPARER

09-27-2023
DATE PREPARED

(4/2023)

RECEIVED BY: 09-25-2023