**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. miamiamerica.org 9587 weldon circle ADDRESS (number and street) B104 (Check if address is changed) Tamarac 33321 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stephengmarks@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00690396 FEC IDENTIFICATION NUMBER > 3. X 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. marks, stephen, , , Type or Print Name of Treasurer marks, stephen, , , [Electronically Filed] 10 2018 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

EEC Form 1 (Doubled	03/2000)	Page 3
FEC Form 1 (Revised Write or Type Committee Nam		Page <b>3</b>
miamiamerica.		
	Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and posit	ion of the person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY	STATE ZIP CODE
	Telephone nun	nber
8. <b>Treasurer:</b> List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
Full Name marks, sto	ephen, , ,	1
of Treasurer	19587 weldon circle	
Mailing Address		<u> </u>
	b104	
	tamarac	FL
Title or Position	CITY	STATE ZIP CODE
	Telephone num	nber

1 20 1 011	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		a decounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit be Name of Bank, I	Depository, etc.  Wells fargo  7005 n. university dr	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Wells fargo  7005 n. university dr  tamarac  CITY  STATE  Depository, etc.	