**FEC** 

## 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. Mario Diaz-Balart for Congress 8724 SW 72nd St ADDRESS (number and street) # 420 (Check if address is changed) Miami 33173-3512 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bev@bsbsolutions.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00376087 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Shea, Beverly, , Shea, Beverly, , , Date 80 13 2024 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission

Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Compleinformation below.)	ete the candidate
Name of Candidate Diaz-Balart, Mario, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State FL District 26
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	20
Name of Candidate	
Party Committee:	
(d) This committee is a	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock Lal	bor Organization
Membership Organization Trade Association Co	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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 (Hybridian Committee)	rid 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 to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1	

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V	Vrite or Type Committee Name  Mario Diaz-Balai	t for Congress		
6.		rganization, Affiliated Committee, Joi	int Fundraising Representative, o	or Leadership PAC Sponsor
	Hispanic Leadership	Trust Partnership		1
	Mailing Address	PO Box 341027		
		Austin	TX TX	78734-0018
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representat	ive Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number o	optional) and position of the person	in possession of committee
	Shea, Beve	erly, , ,		
	Full Name	,3538 South Wakefield Street		
	Mailing Address	3336 South Wakeneid Street		
		Arlington	VA	22206-1708
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼	<b>3</b> .1.1 =	3.7.11 <u>-</u>	2 0052 —
	Custodian of Records		Telephone number	03 - 309 - 6584
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	of the treasurer of the committee;	and the name and address of
	Full Name Shea, Beve of Treasurer	<b>∍rly</b> , , ,		
	Mailing Address	3538 South Wakefield Street		
		Arlington	VA VA	22206-1708
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 70	03 - 309 - 6584

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Full Name of Designated Agent	Shea, Beverly, , ,	
Mailing Address	3538 South Wakefield Street	
	Arlington VA 222	06-1708
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Treasurer	703   Telephone number	309 6584
	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	pepository, etc.	
	Classic City Bank	
Mailing Address	2365 W Broad St	
	Athens GA 3060	06
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
	Ocean Bank	
Mailing Address	780 N.W. 42nd Ave	
	Miami FL 3312	6
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	ng Participant:			
1.		FEC ID n	umber	С
2.		FEC ID n	umber	C
3.		FEC ID n	umber	C
4.		FEC ID n	umber	C
ame of Any Connected	l Organization, Affiliated Committee, Joint I	- - - - - - - - - - - - - - - - - - -	sentative	. or Leadership PAC Spo
Mario Diaz-Balart Vi				
Mailing Address	2308 Mount Vernon Ave			
	Ste 337			
	Alexandria		VA	22301-1328
Dolotionobing	CITY A	S	TATE A	ZIP CODE ▲
		Joint Fundraising R	epresenta	tive Leadership PAC S
Connecte	ed Organization Affiliated Committee	-	epresenta	Leadership PAC S
Connecte esignated Agent: Identi	ed Organization Affiliated Committee	-	epresenta	Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee	-	epresenta	Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee	-	epresenta	Leadership PAC S
esignated Agent: Identi	Affiliated Committee X  fy by name, address (phone number – option	al)	epresenta	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X  fy by name, address (phone number – option	al)	ATE A	
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	Affiliated Committee  Affiliated Committee  Yet Dries: List all banks or other depositories in vertical designation of the committee of the co	ST/	ATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Affiliated Committee  Affiliated Committee  X  Affiliated Committee  X  CITY   CITY   CITY   A  Arrivation of the depositories in valuations funds.  Arr Community Bank	ST/	ATE A	ZIP CODE A

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

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(h). <b>Joint Fundraising</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
7th Inning Stretch			
Mailing Address	824 Milledge Cir		
	Ste 101		
	Athens	GA	30606-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Representa	
Connected  Designated Agent: Identify	Organization Affiliated Committee X Joby name, address (phone number – optional)	<u> </u>	
Designated Agent: Identify			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		ZIP CODE A