

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2013 DEC 11 AM 7:43
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5 FEC MAIL CENTER

CALVIN D. TURNQUEST FOR CONGRESS

ADDRESS (number and street)

1095 MILITARY TRAIL

P.O. BOX 94

(Check if address
is changed)

JUPITER

FL

33458

9494

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

CALVINTURNQUEST@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.CALVINTURNQUEST.COM

2. DATE

12 / 4 / 2013

3. FEC IDENTIFICATION NUMBER

C00550129

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

OLIVIA OUTMEZGUINE

Signature of Treasurer

Olivia Outmezguine

Date

12 / 04 / 2013

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
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Only

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

FEC FORM 1
(Revised 02/2009)

13031142810

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 CALVIN D. TURNQUEST

Candidate Party Affiliation REP OFFICE Sought: House Senate President State FL District 18

- (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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

13031142811

Write or Type Committee Name

CALVIN D. TURNQUEST FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

OLIVIA OUTMEZGUINE

Mailing Address

1095 MILITARY TRAIL
P.O. BOX 9494
JUPITER FL 33458-9494

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

561-379-7931

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

OLIVIA OUTMEZGUINE

Mailing Address

1095 MILITARY TRAIL
P.O. BOX 9494
JUPITER FL 33458-9494

Title or Position

TREASURER

Telephone number

561-379-7931

13031142812

Full Name of Designated Agent

PALVESHAY TARIQ

Mailing Address

999 S.W. 16TH AVENUE

#23

GAINSVILLE

FL

32601

CITY

STATE

ZIP CODE

Title or Position

ASSITANT TREASURER

Telephone number

813

409

1057

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.

FIRST CITIZENS BANK

Mailing Address

250 TEQUESTA DRIVE

TEQUESTA

FL

33469

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

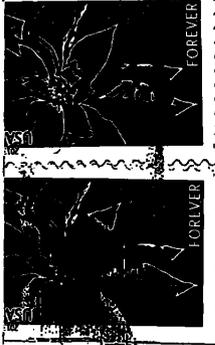
13031142813

13031142814

095 Military Trail

P.O. Box 94

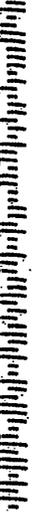
Jupiter, FL 33458-9494



WEST PALM BEACH FL 33411
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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463



20463

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
12/4/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 12/11/13
 PREPARER DATE PREPARED

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