**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Lyle Milstein Campaign Committee for District 23 Florida 6260 Hawkes Bluff Avenue ADDRESS (number and street) (Check if address is changed) Davie  $\mathsf{FL}$ 33331 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lylethe4@bellsouth.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2016 C00620278 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. Lyle Milstein Type or Print Name of Treasurer Lyle Milstein [Electronically Filed] 06 20 2016 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 Only

Local 202-694-1100

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	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE idate 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. (Cominformation below.)	nplete the candidate
Name of Candida		
Candida Party A	ate Office Sought: House Senate President	State FL District 23
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee:	
(d)	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Wo 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 so committee. (i.e., nonconnected committee)	egregated 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 F	Fundraising Representative:	
(g)	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.	
(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.	vo or more political
	Committees Participating in Joint Fundraiser	
	1. FEC ID number	
	2. FEC ID number C	
	3.	
	4.	

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Write or Type Committee Name		i age <b>o</b>
	ampaign Committee for District 23 Floric	ła
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	
	gggp	а а о о о о о о о о о о о о о о о о о о
NONE		
Mailing Address		
J		
		. 1-1
	CITY STATE	ZIP CODE
		_
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person	in possession of committee
Lyle Milste	in	
Full Name	,6260 Hawkes Bluff Avenue	
Mailing Address		
	Davie FL 33	331
Title or Position	CITY STATE	ZIP CODE
	Telephone number 954	- 609 - 7346
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	he name and address of
Full Name Lyle Milste	in 	
Mailing Address	6260 Hawkes Bluff Avenue	
Č	<u> </u>	
	Davie	331
	CITY STATE	ZIP CODE
Title or Position	. 954	. 609 7346 .
	Telephone number	

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Full Name of Designated Agent		, , , , , , , , , , , , , , , , , , ,			
Mailing Address					
Ç -					
	CITY STATE	ZIP CODE			
Title or Position					
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.  SunTrust					
Mailing Address	4480 Weston Road				
	Davie FL 33331				
	CITY STATE	ZIP CODE			
Name of Bank,	Depository, etc.				
Mailing Address					
Mailing Address					
Mailing Address					