

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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2010 MAR 17 AM 9:17

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

BERNARD SANSARICQ FOR CONGRESS CAMPAIGN  
COMMITTEE

ADDRESS (number and street)  P.O. Box 822116

(Check if address  
is changed)

PEMBROKE PINES FL 33082-2116

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

SANSARICQ4CONGRESS@COMCAST.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.SANSARICQ4CONGRESS.ORG

2. DATE 01/08/2010

3. FEC IDENTIFICATION NUMBER

C00474775

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

AleJANDRA SANSARICQ

Signature of Treasurer

AleJANDRA SANSARICQ

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.

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

FEC FORM 1  
(Revised 02/2009)

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## 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

BERNARD SANSARICQ

Candidate Party Affiliation

REP

Office Sought:

X

House

Senate

President

State

FL  
23

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

[REDACTED]

**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

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Write or Type Committee Name

BERNARD SANSARICQ FOR CONGRESS Campaign Committee

## 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 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

TREASURER

Mailing Address

-

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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## 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 TreasurerALEJANDRA SANSARICQ

Mailing Address

Po Box 822116--

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

954-727-3788

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.

REGIONS BANK

4725 S FLAMINGO ROAD

Cooper CITY

FL

33330

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

 -  -  - 

CITY

STATE

ZIP CODE

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>Jew</i>		3/17/10
PREPARER (3/2005)	DATE PREPARED	

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