

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
03 APR -8 PM 12:55

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

Alex Penedas US Senate Campaign

ADDRESS (number and street)

1985 NW 8th Court



(Check if address
is changed)

Suite #102

Miami FL 33172

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

alexpenedas@us.senate.gov

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-593-0390

2. DATE

03/03/08

3. FEC IDENTIFICATION NUMBER ▶

C

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

Carla M. Trueba

Signature of Treasurer

Date

03/03/08

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
Use
Only

For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 302-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Alex Pemeilas

Candidate Party Affiliation	<u>DEM</u>	Office Sought:	House	<input checked="" type="checkbox"/>	Senate	President	State
							District

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

Name of Candidate _____

- (d) This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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 Carlos M. Trueba TREASURER

Mailing Address 1985 NW 88 Court
Suite 102
Miami Fl 33172

Title or Position Title or Position CITY STATE ZIP CODE
Treasurer Telephone number 305-593-2644

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 Carlos M. Trueba

Mailing Address 1985 NW 88 Court
Suite 102
Miami Fl 33172

Title or Position Title or Position CITY STATE ZIP CODE
Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position Title or Position CITY STATE ZIP CODE
Telephone number

B. 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.

C i t y , N a t i o n a l B a n k

Mailing Address

18725 N.W. 18th Terrace

M i a m i F L 33172

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲


**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE TYPE)

CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

Name of Candidate Alex Penelas		1. Address (include post office box or street, city, state, zip code) 1985 NW 88 Ct Suite 102 Miami FL 33172	
Telephone (optional) (305) 592-5157	2. Party (Partisan candidates only) Democratic	3. Office (add district, circuit or group number) US Senate	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input type="checkbox"/> Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer Carlos M. Trueba			
5. Mailing Address (If post office box or drawer add street address) 1985 N.W. 88th Court. Suite #101		6. Telephone (305) 593-2644	
7. City Miami	8. County Miami-Dade	9. State Florida	10. Zip Code 33172
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
11. Name of Bank City National Bank		12. Street Address 8725 N.W. 18th Terrace	
13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33172
17. Signature of Candidate 			Date April 2, 2003

Campaign Treasurer's Acceptance of Appointment

I, **Carlos M. Trueba**, do hereby accept the appointment as
(Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of **Alex Penelas**

who is seeking nomination or election as a **Democratic** candidate to the office of
(Party)

US Senate As a duly registered voter in **Miami-Dade**

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

April 2, 2003 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

LIGHT-READY AIR EXPRESS.

INSTRUCTIONS

Fill in address areas completely.
 Retain sender's copy of label for your records.
 Call Airborne Express for pickup or place in nearest Airborne Express Drop Box.

Special Services Available

Conditions
 Only in Alaska, Hawaii, Puerto Rico and International
 not available. Use of Flight-Ready constitutes
 stated here, in our published tariffs and conditions.
 No one is authorized to alter or modify those terms.

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FLIGHT READY LETTER EXPRESS

AIRBORNE EXPRESS		SHIPMENT DATE	WEIGHT
FROM (COMPANY NAME) Airtel Postals US Senate Campaign		4/15/87	
ADDRESS 1985 TULLY ST CT		4102	
CITY MADISON		FL	ZIP CODE REQUIRED
SENT BY (NAME) D. B. BAKER		23172	
CITY MADISON		PHONE (603) 593-2644	
TO (COMPANY NAME) Office of the Secretary of the Senate		STATE DC	ZIP CODE REQUIRED 20510-1116
ADDRESS 222 Nat Senate Office		CITY Washington	
CITY Washington		STATE DC	ZIP CODE REQUIRED 20510-1116
ATTN (NAME) DIRECTOR			

ROUTING CODE

PGC24X



SHIPMENT NUMBER

3150 724 3316

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#703 PRIZE (1/97) WIN

23020152871
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