

FEC FORM 1

STATEMENT OF ORGANIZATION

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

VESSIO FOR CONGRESS

ADDRESS (number and street) 3668 SE BIG BEND TERRACE

(Check if address is changed)

HOBE SOUND CITY FL 33455 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  (Check if address is changed) NICK0124@VERIZON.NET

Optional Second E-Mail Address RKIGER@RESTORINGUSA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)

2. DATE 01 / 01 / 2019

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 ROBERT KIGER

Signature of Treasurer *[Handwritten Signature]*

Date 10 / 01 / 2019

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.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

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

FEC FORM 1 (Revised 06/2012)

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 NICHOLAS P VESSIO

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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

2010 NOV 04 PM 03:00:00

Write or Type Committee Name

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

ROBERT KIGER

Mailing Address

PO BOX 2976  
 \_\_\_\_\_  
 PALM BEACH FL 33480 - \_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

TREASURER Telephone number 720 - 837 - 4528

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

ROBERT KIGER

Mailing Address

PO BOX 2976  
 \_\_\_\_\_  
 PALM BEACH FL 33480 - \_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

TREASURER Telephone number 720 - 837 - 4528

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5(g) or (h). Joint Fundraising Participant:

1. [Grid]

2. [Grid]

3. [Grid]

4. [Grid]

FEC ID number [C] [Grid]

FEC ID number [C] [Grid]

FEC ID number [C] [Grid]

FEC ID number [C] [Grid]

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

[Grid]

[Grid]

Mailing Address [Grid]

[Grid]

[Grid] [Grid] [Grid]-[Grid]

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name [Grid]

Mailing Address [Grid]

[Grid]

[Grid] [Grid] [Grid]-[Grid]

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

[Grid] Telephone Number [Grid]-[Grid]-[Grid]

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. [Grid]

Mailing Address [Grid]

[Grid]

[Grid] [Grid] [Grid]-[Grid]

CITY ▲ STATE ▲ ZIP CODE ▲

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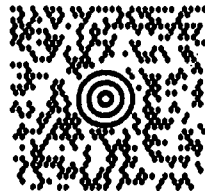
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ROBERT KIGER  
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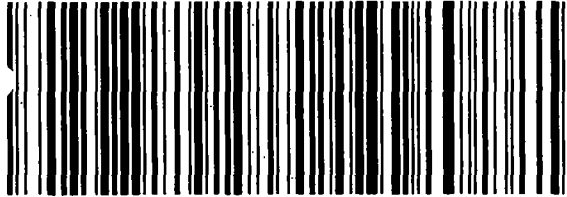


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PREPARER *WDO*

*10/4/19*  
DATE PREPARED

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