

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Aaron Joseph For Congress

ADDRESS (number and street)

15910 SE 105th Terrace

(Check if address is changed)

Summerfield

FL

34491

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

aaronjoseph02@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Aaronjoseph02.com

2. DATE

12 / 02 / 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

Aaron Joseph Licciardello

Signature of Treasurer

[Handwritten Signature]

Date

12 / 02 / 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.

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 _____

Candidate Party Affiliation Rep DFL Office Sought: House Senate President State FL District 11

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

Name of Candidate Alvin Joseph Luchardello

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 _____

Full Name of Designated Agent

Aaron Joseph Liocciardello

Mailing Address

15910 SE 105th Terrace

Summerfield

CITY

FL

STATE

34491

ZIP CODE

Title or Position

Candidate

Telephone number

352-615-1152

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.

Citizens First Bank

Mailing Address

8590 SE 165th Mulberry Ln

The Villages

CITY

FL

STATE

321102

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-FUNCTIONAL

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

1. _____

2. _____

3. _____

4. _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

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

Mailing Address _____

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 ANTON Joseph Licciardello

Mailing Address 15910 SE 105th Terrace

Summerfield CITY ▲ FL STATE ▲ 334491 ZIP CODE ▲

TITLE OR POSITION ▼ Candidate Telephone Number 352-6215-1152

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. CITIZENS FIRST BANK

Mailing Address 18590 SE 1165th Mulberry Ln

The Villages CITY ▲ FL STATE ▲ 321102 ZIP CODE ▲

CITY ▲ STATE ▲ ZIP CODE ▲

2017 RELEASE UNDER E.O. 13526

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.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
Jm	1/21/20
PREPARER	DATE PREPARED

(3/2015)

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