

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

RUBIN YOUNG FOR CONGRESS

ADDRESS (number and street)

Post Box 190451

(Check if address is changed)

Miami Beach

CITY ▲

FL

STATE ▲

33119

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

liz@lizcurtisassociates.com

Optional Second E-Mail Address

info@ryoungforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

ryoungforcongress.com

2. DATE

MM / DD / YYYY
09 / 08 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C C00767947

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 Curtis, Elizabeth, , ,

Signature of Treasurer

Curtis, Elizabeth, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 09 / 2022

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 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 YOUNG, RUBIN, , MR.,

Candidate Party Affiliation REP Office Sought: House Senate President State FL District 25

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

RUBIN YOUNG FOR CONGRESS

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

NONE

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 YOUNG, RUBIN, , MR.,

Mailing Address Post Office Box 190451

Miami Beach

FL

33119

Title or Position

CITY

STATE

ZIP CODE

Designated Agent

Telephone number 954 - 399 - 7699

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 Curtis, Elizabeth, , ,

Mailing Address 5 Halifax Ct

Marlton

NJ

08053

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number 609 - 433 - 8620

Full Name of Designated Agent

YOUNG, RUBIN, , ,

Mailing Address

Post Box 190451

Miami Beach

CITY

FL

STATE

33119

ZIP CODE

Title or Position

AGENT

Telephone number

954

399

7699

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.

SUNTRUST

Mailing Address

POST OFFICE BOX 305183

NASHVILLE

CITY

TN

STATE

37230

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445A LAUGHLIN AVE

MCLEAN

CITY

VA

STATE

22101

ZIP CODE