

**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

**QSR LEADERS POLITICAL ACTION COMMITTEE INC**

ADDRESS (number and street)

1340 HAMLET AVENUE

☐ (Check if address is changed)

CLEARWATER

CITY ▲

FL

STATE ▲

33756

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

TCERILLO@THEBORDER.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
11 / 02 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00560821

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 Cerillo, Tony, , ,

Signature of Treasurer Cerillo, Tony, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 03 / 2021

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

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

**QSR LEADERS POLITICAL ACTION COMMITTEE INC****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

Cerillo, Tony, , ,

Mailing Address

547 LAKEWOOD DR

OLDSMAR

FL

34677

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

704

941

4482

**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

Cerillo, Tony, , ,

Mailing Address

547 LAKEWOOD DR

OLDSMAR

FL

34677

Title or Position

CITY

STATE

ZIP CODE

Telephone number

704

941

4482

Full Name of  
Designated  
Agent

Mailing Address

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.

Valley National Bank

Mailing Address

1617 Gulf To Bay

Clearwater

FL

33755

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE