ALAN AZCONA P.O. Box 390595 Deltona, FL 32739 | 407-808-3529 | azconaforcongress@gmail.com/alancazcona@gmail.com

RECEIVED 2013 DEC 11 AM 11: 48 FEC MAIL CENTER

Tuesday, December 10, 2013

Federal Elections Commission 999 E Street, NW Washington, DC 20463

Dear Federal Elections Commission:

This letter is accompanying FEC Form 1 & 2: Statement of Organization and Statement of Candidacy.

Please note that due to the candidate's platform the campaign committee – Azcona for Congress, will not be accepting donations or making expenditures for the campaign – the Committee is to satisfy filing requirements and formed only as a voluntary organization for the candidacy of Alan Azcona – no committee members or campaign staff will receive compensation from candidate or the Committee. Please note section number nine on FEC Form 1 – no Banks or depositories are listed for this reason. Currently, any and all funds expended will be from Alan Azcona's personal accounts and at this time expenditures are less than the required reporting amount of \$5,000. The intention is to maintain expenditures below this amount, while filing required reporting. If personal account information is required please contact the Committee or candidate – any and all information will be provided that your office requires.

For any inquires please call Alan Azcona at 407-808-3529, email the candidate or Committee at <u>azconaforcongress@gmail.com</u> (alternate email/direct email to candidate: <u>alancazcona@gmail.com</u>) or send correspondence to Azcona for Congress P.O. Box 390595 Deltona, FL 32739. Thank you for your time and consideration.

Respectfully,

ALAN AZCONA

ENCLOSED WITH THIS LETTER ARE FEC FORMS 1 & 2

| FEC FORM 1 | STATEMENT ORGANIZATI | _ | RECEIVED Office Use Only | | | |
|---|---|---|--------------------------------|--|--|--|
| 1. NAME OF COMMITTEE (in full | | ample:If typing, type ar the lines. | 12FE4M5 FEC MAIL CEN ER | | | |
| AZCONA F | OIR CPNGRESS | | | | | |
| | | | | | | |
| ADDRESS (number and st | $(P_0, B_0, 39, 05)$ | 15 | | | | |
| (Check if addr is changed) | ess (| | | | | |
| | DELTONA CITYA | | IFILI 32739 | | | |
| COMMITTEE'S E-MAIL A | ADDRESS | | | | | |
| (Check if addr is changed) | $\mu_{1}Z_{1}C_{1}O_{1}A_{1}f_{1}O_{1}C_{1}O_{1}$ | <u>ၐၟၟ</u> ၟၟၕၟၭၟၜၟႄၛၟ | m_a, i, l, c, o, m | | | |
| | Optional Second E-Mail Address 伝」 / a ヽ」とa とてい / a | @gmailc | o.M. | | | |
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| COMMITTEE'S WEB PA | | | | | | |
| is changed) | ┠╾┶╾┶╾┷╾┷╼┷╼┷╼┷╼┷╼┙ ╷ | <u>,, ↓, ↓, ,↓ ,↓ ,↓ ,↓</u> | | | | |
| | | | | | | |
| 2. DATE 12 10 12013 | | | | | | |
| | | | | | | |
| 4. IS THIS STATEMEN | | AMENDED (A) | | | | |
| I certify that I have exan | nined this Statement and to the best of my | knowledge and belief it | is true, correct and complete. | | | |
| Type or Print Name of Ti | easurer Jennifer Azeró. | 14 | ···· | | | |
| Signature of Treasurer | Aldre | | | | | |
| 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 co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | | | |

| | | OMMITTEE | | | |
|----------------|--|--|--|--|--|
| Can | ndidate Committee: | | | | |
| (a) | \mathbf{X} | 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 Candi | | ALAN, AZGONA | | | |
| Candi Party | date Affiliati | on REP Office Sought: Nouse Senate President District 0.7 | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Name Candi | | | | | |
| Part | y Con | nmittee: | | | |
| (d) | ۵ | This committee is a (National, State) (Democratic, or subordinate) committee of the Republican, etc.) Party. | | | |
| Polit | ical A | ction 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.) | | | |
| loint | Euno | Iraising 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) | D | 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 | | | |
| | 2. | FEC ID number | | | |
| | 3. | FEC ID number | | | |
| | 4. | FEC ID number | | | |
| | | | | | |

Write or Type Committee Name

| <u> </u> | Name of Any Connected C | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | |
|----------|---|--|--|--|--|
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| L | | | | | |
| L | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | CITY STATE ZIP CODE | | | |
| | Relationship: | Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | |
| 7. | Custodian of Records: Ider books and records. | tify by name, address (phone number optional) and position of the person in possession of committee | | | |
| | Full Name |), AZGONA, I, | | | |
| | Mailing Address | $ P_1O_1 B_1O_1 \times 3,9,0,59,5, \dots $ | | | |
| | | <u></u> | | | |
| | | DELTONA FL 32739-L | | | |
| | Title or Position | CITY STATE ZIP CODE | | | |
| | CAMDIDATE | Telephone number $H_107 - 808 - 3529$ | | | |
| 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 | UIFER AZCONA | | | |
| | Mailing Address | $[P_1 o_1 B_1 o_1 X_1 B_1 o_1 S_1 G_1 S_1 G_1$ | | | |
| | | | | | |
| | Title or Desition | D_6_1_T_0_N_A F_L 3_2739 CITY STATE ZIP CODE | | | |
| L | Title or Position $\prod_{i} R_{i} E_{i} A_{i} S_{i} U_{i} R_{i} E_{i} R_{i}$ | Telephone number $[4_10,7] - [8_10,8] - [3_5,2,7]$ | | | |

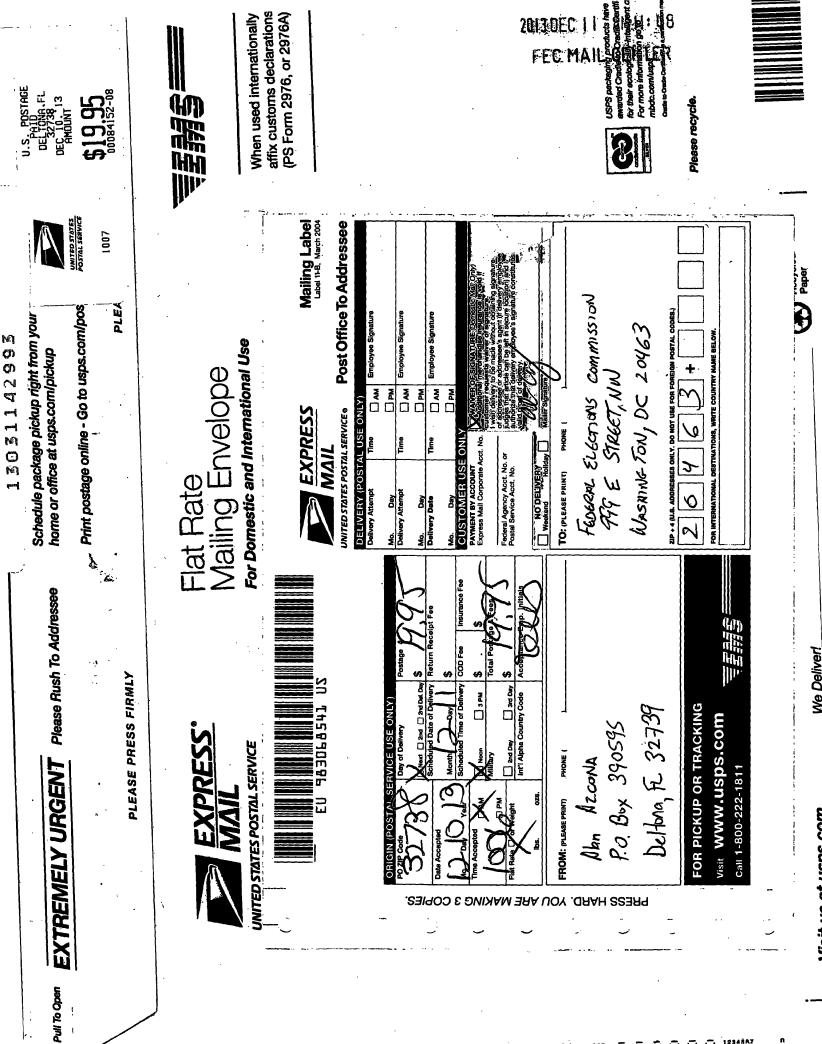
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FEC Form 1 (Revised 02/2009)

| Full Name of Designated | | | | | |
|----------------------------|--|--------------|---------------------------------------|--|--|
| Mailing Address | PIO BOX 390595 | | | | |
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| | DELTISINAL CITY | F」L STATE | 31213391-[] ZIP CODE | | |
| Title or Position | Telephone | number | └╌╌┚╴┠╌╌╌╌┚ | | |
| safety deposit box | . 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. | | | | |
| | | I I I I | | | |
| Mailing Address | | | | | |
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| | CITY | STATE | ZIP CODE | | |
| Name of Bank, D | Depository, etc. | | | | |
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| Mailing Address | | <u></u> | · · · · · · · · · · · · · · · · · · · | | |
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| | CITY | STATE | ZIP CODE | | |

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| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate | |
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| Hand Delivered | Date of Receipt |
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| USPS First Class Mail | Postmarked |
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| USPS Registered/Certified | Postmarked (R/C) |
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| Overnight Delivery Service (Specify): | Shipping Date |
| Next Busines | ss Day Delivery |
| Received from House Records & Registration Office | Date of Receipt |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Date of F Other (Specify): | Receipt or Postmarked |
| R | 12/11/13 |
| PREPARER | DATE PREPARED |
| (8/2013) | |

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