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FEC FORM 1		STATE! ORGA!						Office	Use Onl		= 1 / 4
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		ample:If typing, ter the lines.	уре	12FI	E4M5				
SOS Ameri											
ADDRESS (number a	nd street)	6619 S.Dixie Highway	/ #148 								
		South Miami				FL		33143		CODE	
COMMITTEE'S E-MA	AIL ADDRES					JIAIL			ZII	OODL	
(Check if a is changed	address	gloria@bffcompli	iance.com								
		Optional Second E-M	Mail Address								
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL) None at this time									
2. DATE 00	6 02	2023									
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C008018	03							
4. IS THIS STATEM	MENT	NEW (N)	OR	× AMENDED) (A)						
certify that I have e	examined thi	s Statement and to th	ne best of my	knowledge and l	belief it is	s true, o	correct	and co	mplete.		
Type or Print Name	of Treasurer	Maggiolo, Gloria, , ,									
Signature of Treasure	er <i>Maggio</i>	lo, Gloria, , ,		[Electronically Fi	led]	Date	M M	/ [02	2	2023
NOTE: Submission of	false, erroned	ous, or incomplete infor ANY CHANGE IN INF							alties o	f 52 U.S	S.C. §3010
Office Use Only				For further information Federal Election Countries Toll Free 800-424-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	Commissior -9530				EC F(Revised		

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	TYPE (OF COMMITTEE:			
	Candid	date 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 information below.)	the candidate		
	Name Candi	l			
	Candi Party	didate Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
		me of ndidate			
	Party (Committee:			
	(d)	This committee is a (National, State or subordinate) committee of the Republication	tic, n, etc.) Party		
	Politica	cal Action Committee (PAC):			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:		
		Corporation Corporation w/o Capital Stock Labor	Organization		
		Membership Organization Trade Association Coope	rative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	(g) x	This committee is an independent expenditure-only political committee (Super PAC).			
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	Joint F	Fundraising Representative:			
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	nmittees Participating in Joint Fundraiser			
	1.	C			
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V	/rite or Type Comr	mittee Name	
	SOS Am	nerica PAC	
6.	Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	INOINE		
	Mailing Address		
			I_I
		OITY A OTATE A	7ID CODE A
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Re	ecords: Identify by name, address (phone number optional) and position of the person in poss ds.	session of committee
		Maggiolo, Gloria, , ,	
	Full Name		
	Mailing Address	6619 S. Dixie Highway #148	
		South Miami , FL , 331	43
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number 786	- 342 - 9707
3.		he name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	e name and address of
	Full Name	Maggiolo, Gloria, , ,	
	of Treasurer		
	Mailing Address	6619 S. Dixie Highway #148	
		South Miami FL 331	43
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	- 342 - 9707

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Full Na Design Agent		Boudet, Otto, , ,	
Mailing	g Address	6619 S. Dixie Highway #148	
		South Miami FL 3314	3
Title or	r Position v	CITY ▲ STATE ▲	ZIP CODE ▲
Assist	tant Treasu	rer Telephone number 305 -	812 - 1802
		Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olds accounts, rents
Name (of Bank, D	Depository, etc.	
		Synovus Bank	
Mailing	Address	2500 Weston Road	
		Sutie 300	
		Weston FL 3333	1
		CITY ▲ STATE ▲	ZIP CODE ▲
Name (of Bank, D	Depository, etc.	
Mailing	Address		
		CITY ▲ STATE ▲	ZIP CODE ▲