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`

Allek Pastrana for Congress

ADDRESS (number and street)

PO Box 621295

☐ ◀ (Check if address is changed)

Oviedo

CITY ▲

FL

STATE ▲

32762 –

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ ◀ (Check if address is changed)

campaign@voteallek.com

Optional Second E-Mail Address

sbacallao@cfl.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y
02 / 08 / 2023

3. FEC IDENTIFICATION NUMBER ▶   C   C00801571

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   Bacallao, Stephen, , ,

Signature of Treasurer   *Bacallao, Stephen, , ,*   *[Electronically Filed]*   Date   M M / D D / Y Y Y Y   04 / 11 / 2023

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   Pastrana, Allek, , ,

Candidate Party Affiliation   DEM   Office Sought: ☒ House   ☐ Senate   ☐ President   State   FL

District   07

(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.)

(g)   ☐   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 Fundraising Representative:

(i)   ☐   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.

(j)   ☐   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.   C

2.   C

FEC **Form 1** (Revised 02/2009)

Write or Type Committee Name

Allek Pastrana 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 Organization   ☐ 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
Pastrana, Allek, , ,

Mailing Address
PO Box 621295

Oviedo   FL   32762 –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Candidate   Telephone number   407 – 404 – 0215

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
Bacallao, Stephen, , ,

Mailing Address
4300 Gabriella Lane

Winter Park   FL   32792 –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Treasurer   Telephone number   407 – 718 – 4178

Full Name of
Designated
Agent

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

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.

Fairwinds Credit Union

Mailing Address

3133 N. Alafaya Trail

Orlando   FL   32826

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲