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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Florida Consumer Action Network Inc. PAC

ADDRESS (number and street)

PO Box 22626

(Check if address is changed)

Tampa

FL

33622

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

billn@fcan.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813 877 6651

2. DATE

05 / 23 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

Tom Walker

Signature of Treasurer

Date

05 / 24 / 2006

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Florida Consumer Action Network, Inc

Mailing Address 2005 Pan Am Cir Ste 200

Tampa FL 33607

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship This PAC is a Separate Segregated Fund established by FCAN

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26050091080

Write or Type Committee Name

Florida Consumer Action Network Inc. PAC

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 **Bill Newton**

Mailing Address **2005 Pan Am Cir Ste 200**

Tampa **FL** **33607**

Title or Position **Executive Director** CITY STATE ZIP CODE

Telephone number **813** **877** **6712**

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 **Tom Walker**

Mailing Address **PO Box 22626**

Tampa **FL** **33622**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **813** **877** **6712**

Full Name of Designated Agent **Dan Hendrickson**

Mailing Address **PO Box 1201**

Tallahassee **FL** **32302**

Title or Position **Secretary** CITY STATE ZIP CODE

Telephone number **813** **877** **6712**

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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.

Mercantile Bank

Mailing Address

PO Box 2479

Lexington

SC

29071

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

AK
 PREPARER 5/30/06
 (3/2005) DATE PREPARED

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