

FEC
FORM 1

STATEMENT OF ORGANIZATION

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OFFICE USA ONLY
COURT HOUSE CENTER

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

NUDIST RIGHTS COALITION

ADDRESS (number and street)

1703 NORTH MAIN ST



(Check if address
is changed)

SUITE C

KISSIMMEE
CITY ▲

FL
STATE ▲

34744-
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

NUDISTRIGHTSCOALITION@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

NUDISTRIGHTSCOALITION.COM

2. DATE

02 / 19 / 2014

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

SUSAN WEAVER

Signature of Treasurer

Susan A. Weaver

Date

02 / 20 / 2014

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

FEC FORM 1
(Revised 06/2012)

14031191088

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 _____

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 _____

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.)

Joint Fundraising 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) 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 C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

14031191089

Write or Type Committee Name

NUDIST RIGHTS COALITION

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

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

SCOTT WITHERS

Mailing Address

PO BOX 420304

KISSIMMEE

FL

34742

Title or Position

CITY

STATE

ZIP CODE

SECRETARY OF PAPERS

Telephone number 407-412-1981

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

SUSAN WEAVER

Mailing Address

PO BOX 420304

KISSIMMEE

FL

34742

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 407-412-1981

14031191090

Full Name of Designated Agent

TIM MULLINS

Mailing Address

P.O. Box 420304

KISSIMMEE

CITY

FL

STATE

34742-

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

407-412-1981

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.

PNC BANK

Mailing Address

1818 NORTH JOHN YOUNG PARKWAY

KISSIMMEE

CITY

FL

STATE

34741-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031191091

14031191092

DIST RIGHTS Coalition
Box 420304
Simms, FL
34742

STAMPED ADDRESS
SAINT PETERSBURG FL
21 FEB 2014 PM 5 L

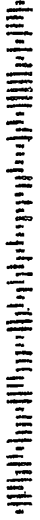


FEDERAL ELECTION Commission
999 E. STREET, N. W.
WASHINGTON, D. C.

20463

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
2/21/14

USPS Registered/Certified Postmarked (R/C)

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business 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

Other (Specify): Date of Receipt or Postmarked



PREPARER
(8/2013)

2/26/14

DATE PREPARED

14031191093