FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	<u> </u>	/IIWAIII <i>L</i> /	1110	•							
. •		(See instruction	ns)				C	Office use onl	v		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		iple: If typyir the lines	ng, type	12FE					
The 20th Dis	rict Florida Feder	al PAC			111	1 1 1					
	<u> </u>	<u> </u>	1 1 1	1 1 1 1	1 1 1	1 1 1	1 1 1				لـــــا
ADDRESS (number an	d street)	Box 816621			111						
X (Check if add	dress		ш	шш			ш			ш	لب
is changed)	Holly	ywood 	ш	шш	ш	<u> </u>		3308	1	ш	
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STATE	•	ZIF	CODE	_	
politicalemai					1 1 1	1 1 1					1
					1 1					1 1	
COMMITTEE'S WEE	3 PAGE ADDRESS (U	IRL)									
1	111111			1 1 1 1	1 1 1	111	1 1 1 1		11	1 1	1
					1 1 1	1 1 1				1 1	
2. DATE 1	M / D D / Y	2008 [°]									
3. FEC IDENTIFIC	ATION NUMBER		C Coo	331579							
4. IS THIS STATE	MENT X NEV	V (N) OR		AMENI	DED (A)						
I certify that I have exar	nined this Statement and	I to the best of my know	wledge and	d belief it is tr	ue, correct a	and comple	te				
Type or Print Name o	f Treasurer	R. Peter Deutsch	l .								
Signature of Treasure	er Electronically File	d by R. Peter D	eutsch			Date	1 1	04		Ý 0	8 0 0
NOTE: Submission of t	alse, erroneous, or incor	nplete information may	-	-	_		•	of 2 U.S.(). S437g	l-	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis)-424-9530			FEC (Revise	FORN ed 12/200		

FE3AN042.PDF

	FEC I	Form 1 (Revised 12/2007)	Page 2
5.	TYPE OF C	OMMITTEE (Check One) 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 t information below.)	he candidate
	Name of Candidate		
	Candidate Party Affiliat	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 Comm		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ac	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock La	bor Organization
		Membership Organization Trade Association C	poperative
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	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
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number	
		5 FEC ID number C	

FEC Form 1 (Revised 12	/2007)		Page 3
Write or Type Committee Name			
The 20th District Florida	Federal PAC		
6. Name of Any Connected Org	anization, Affiliated Committee, Leaders	hip PAC Sponsor or Joint F	Fundraising Representative
Bank of America			
Mailing Address	Sheridan Street		
	Hollywood		33021
	CITY	STATE	▲ ZIP CODE ▲
Relationship:			
X Connected Organization	Affiliated Committee Le	eadership PAC Sponsor	Joint Fundraising Representative
possession of Committee	ntify by name, address, (phone numb books and records. r Deutsch	er optional), and positi	ion of the person in
Mailing Address	P. O. Box 817689		
maining / touresc			
	Hollywood	FL	33081
Title or Position ♥ Custodian	CITY A	STATE Telephone number _	ZIP CODE A 954 - 232 - 9579
	and address (phone number optional designated agent (e.g., assistant treates)		committee; and the
Full Name of Treasurer R. Pete	r Deutsch		
Mailing Address	P. O. Box 817689		
	Hollywood	FL	33081
Title or Position ♥	CITY A	STATE	ZIP CODE A
Teasurer		Telephone number	954 _ 232 _ 9579

FEC Form 1	(Revised 1	2/200	07)																							F	age	e 4		
Full Name of Designated Agent	_																													
Mailing Address	-																													
Title or Position ▼									TV									_	T A T	_					71D		- -	_		
Title or Position \								Ci	TY	A								Э	TAT		•				LIP	CO	DE	_		
										_				Tel	eph	one	nu	nbe	er	_			. –							
Banks or Other Do	s or mainta	ins fu	Lis unds	t all s.	banl	KS C	or otl	her (depo	osito	ries	in w	nicn	the	cor		ıııee	ue	JUS1	SIL	mus	5, 110	Jius	acc	ou.	110,	CIII			
Banks or Other Do safety deposit boxe Name of Bank, Dep	s or mainta	ins fu ;.	unds	S.		ks c	or otl	ner (depo	osito:	ries	in w																		
safety deposit boxe Name of Bank, Dep	es or mainta pository, etc	ins fu ;.	unds	S.		ks o	or oth	ner (depo		ries																			
safety deposit boxe Name of Bank, Dep	es or mainta pository, etc	ins fu ;.	unds	S.			or oth	her (osito	ries																			
safety deposit boxe Name of Bank, Dep	es or mainta pository, etc	ins fu ;.	unds	S.	a 				LEITY		ries																			
safety deposit boxe Name of Bank, Dep	Bank (of A	unds	S.	a 						ries																			
safety deposit boxe Name of Bank, Dep Mailing Address	Bank (of A	unds	S.	a 						ries																		<u></u>	
safety deposit boxe Name of Bank, Dep Mailing Address	Bank (of A	unds	S.	a 						ries																		<u></u>	
safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Bank (of A	unds	S.	a 						ries																		\\	
safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Bank (of A	unds	S.	a 						ries																		_ _ _ _	