FEC FORM 1			NECEIVE OV 14 AM MAIL CEI	10: 54
1. NAME OF COMMITTEE (in full)		mple:If typing, type the lines.	12FE4M5	
FrettsForCo	ngress	·····		
ADDRESS (number and str (Check if address is changed)	\$			32580 (-1
	CITY		STATE	
COMMITTEE'S E-MAIL ADI (Check if addres is changed) COMMITTEE'S WEB PAGE (Check if addres is changed)	ADDRESS (URL)	gress.com	<u>, , , , , , , , , , , , , , , , , , , </u>	
2. DATE 11 '		<i>.</i> .		
4. IS THIS STATEMENT		AMENDED (A)		
Type or Print Name of Trea Signature of Treasurer	ed this Statement and to the best of my kn surer Coy D. Suprise	E act the person signing this	Date 11	11 2011
Office Use Only		For further Information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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FEC	Form	1	(Revised	02/2009)
			(

		didate	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. (Con information below.)	nplete the cano	didate
	Name Candi		Calen Fretts	<u>.</u>	
	Candi			State	FL
	Party	Affiliatio	on LIB Sought: House Senate President	District	01
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				1
	Party	y Com	mittee:		
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, el	tc.) Party.
•	Polit	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected oroaniz	vation is a:
	(0)		Corporation Corporation w/o Capital Stock	·	
				Labor Organ	1128110/1
			Membership Organization	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 se committee. (i.e., nonconnected committee)	egregated fund	orparty
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on lice 6.)		
-	Joint	Fund	raising Representative:		
	g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	wo or more poli	tical
			committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(1	h)	Ц	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a lederal candidate.	vo or more poli	tical
		Comm	ittees Participating in Joint Fundraiser		
		1.	FEC ID number C		

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Write or Type Committee Name

FrettsForCongress

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

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s is the month of the second second		·	-			***	i				
Mailing Address					in all.o. Jackson align of	<u> </u>				د. د. د. با انقا چچکیست این دیک د. د. وا گوست	
				i						• •	
			i	! 			!		I		
	·		CITY				STAT	E		ZIP CODE	
Relationship: Connected	d Organizat	ion 🛛 A	ffiliated Cor	nmittee	Joint I	Fundraisin	g Repres	sentaliv	e 🗌	Leadership PA	C Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	y Daniel Suprise		
Mailing Address	P.O. Box 42		· · · · · · · · · · · · · · · · · · ·
	L		· · · ·
	Valparaiso		32580 -
Title or Position	CITY	STATE	ZIP CODE
Treasurer/Cus	stodian of Records	Telephone number	50 - 527 - 1444

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	Coy Daniel Suprise	· · · · · · · · · · · · · · · · · · ·
Mailing Address	P.O. Box 42	
	Li	<u></u>
	Valparaiso	FL 32580 -
	CITY	STATE ZIP CODE
Title or Position	ustodian of Records	Telephone number 850 - 527 - 1444

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I.

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Full Name of Designated Agent	Pete Joseph Blome		
Mailing Address	P.O. Box 42		
		:	
	Valparaiso	FL	32580 -
	CITY	STATE	ZIP CODE
Title or Position	n Manager	Telephone number 85	02176590
	Depositories: List all banks or other depositories i oxes or maintains funds.	n which the committee deposits f	unds, holds accounts, rents
Name of Bank,			
	Regions Bank	i	
Mailing Address	P.O. Box 400		
	26 E. Main Street		
	Freeport	<u> </u>	32580 -
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	:		
Mailing Address	(
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			-
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate t	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirm	nation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): fed EXT	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
Date of Re	eceipt or Postmarked
CIMN	11/14/11
(3/2005)	DATE PREPARED

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