		RECEIVED
FEC	STATEMENT OF ORGANIZATION	2011 SEP 22 AM 9: 30
FORM 1		FEC MAIL CENTER
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Argenziano for (Congress	
	· 	
ADDRESS (number and street)	6135 St. Joe Rd.	
(Check if address is changed)		FI 32311
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail address)	
(Check if address	argenzianoforcongress@gma	
is changed)		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	
(Check if address		
is changed)		
2. date Ö9 [™] 15	5°´ 2011´`	
3. FEC IDENTIFICATION N		
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
l certify that I have examined t	his Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Frank H. Peterson	
Signature of Treasurer	-rollilleten	_{Date} Ô9" 15° 20 [°] 11 [°]
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
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		FEC Fo	rm 1 (Revised 02/2009)						. <u> </u>		Page 2	2
5.			OMMITTEE								· · · ·	
	Car	ndidate	e Committee:									
	(a)	\times	This committee is a prin	ncipal campaig	gn cor	nmittee. (Co	omplete	the candida	ite infor	mation below	v.)	
	(b)		This committee is an au information below.)	uthorized com	mittee	, and is NC)T a prin	cipal camp	aign cor	mmittee. (Co	mplete the cand	idate
	Nam Cano	e of didate	Nancy Arge	nziano			1l.	. .				1_1
		didate / Affiliation	on Ind	Office Sought:	×	House		Senate		President	State	FI
		Ē									District	2
	(c)		This committee supports	opposes only	one /	candidate,	and is N	IOT an auth	norized	committee.		
	Name Cand									·		
	Part	y Com	mittee:			· - · - ·						
	(d)		This committee is a			ational, Stat subordinate		ttee of the			(Democratic, Republican, etc	c.) Party.
	Poli	tical A	ction Committee (PA	C):					·	· ·· ·	· · · · ·	
	(e)		This committee is a sep	arate segrega	ted fu	nd. (Identify	connect	ed organiza	tion on	line 6.) Its co	nnected organiza	ation is a:
			Corporation			Corp	ooration	w/o Capital	Stock		Labor Organi	zation
			Membership Org	ganization		Tred	e Assec	iation			Cooperative	
			In additio	n, this commiti	ee is a	a Lobbyist/F	legistran	t PAC.				
	(f)		This committee supports committee. (i.e., nonconn	opposes mor	e thar ee)	n one Feder	ral candi	date, and i	s NOT a	a separate s	egregated fund	or party
			In addition, this co	ommittee is a L	obbyi	st/Registran	It PAC.					
			In addition, this co	ommittee is a L	.eader	ship PAC. (Identify a	sponsor on I	ine 6.)			
	Joint	Fundi	raising Representation	ve:	·			-				
	(g)		This committee collects co committees/organizations	ontributions, pa , at least one o	ays fur of whic	ndraising ex th is an auth	penses a	and disburse	es net pr	roceeds for t	wo or more politic	cal
(h)		This committee collects co committees/organizations,	ntributions, pa	vs fur	draising exr	oenses a	nd disburse	s net nr	oceads for h		al
		Comn	nittees Participating in .									
						1			_	-		
		1.			<u>.</u>			FEC ID	numbei	r C		
		2 .			<u> </u>	<u>j </u>		FEC ID	numbei	r C		
		3.							number	C		
		4 . [number	С		

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	FEC Form 1	(Revised 0	2/2009)						Page 3
W	Vrite or Type Comn	nittee Name							
<u> </u>	Argenzian	o for C	ongress		-				
6.	Name of any Co	onnected-O	rganizatîon, Affil	liated-Committe	ee, Joint Fun	draising Repr	esentative,	or Leadershi	p PAC Sponsor
I									
44444	Mailing Address								
	5	·					i [[
								1	1 - 1 1 1 1
				CITY			STATE	Z	IP CODE
	Relationship:	Connected	Organization	Affiliated Comm	níttee Joi	nt Fundraising	Representa	tive Lead	ership PAC Sponso
	·		- <u>L</u>	1					
7.	Custodian of Re books and record		lify by name, add	iress (phone nu	mber optio	nal) and positi	on of the pe	erson in poss	ession of committee
			LL Detero						
	Full Name	Гапк	H. Peterse	on Liii	<u></u>		<u>ll</u> !		<u>i l i l i i</u>
	Mailing Address								
			6135 St.				<u> </u>	<u></u>	
			Tallahasse	9 6	<u></u>		FI	32311	
	Title or Position			CITY			STATE	z	IP CODE
	Treasurer	<u>I I I I</u>		<u>, i i i i</u>	1	elephone num	iber] - [_]-[
3.	Treasurer: List th any designated a				onal) of the tr	easurer of the	committee;	and the nam	e and address of
	Full Name of Treasurer	Frank	H Peterso	on	<u> </u>	<u>i I I i I</u>	<u> </u>	<u> </u>	<u>. t i i i i</u>
	Mailing Address			<u></u>		<u>i l L i l</u>			
			6135 St. J	lọe Rd		<u>'</u>			
			Tallahass	өе сіту	<u> </u>	and the second s	FI STATE	3231 <u>1</u> z	
	Title or Position		<u></u>		т	elephone num	ber][
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	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Nançy Argenziano		
Mailing Address		<u> </u>	
	6135,St. Joe Rd.	_iiII	
	Tallahassee	FI	32311 -
	CITY	STATE	ZIP CODE
Title or Position	Urer Telephone n	umber	
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which the comm es or maintains funds.	ittee deposits	funds, holds accounts, rents
safety deposit box Name of Bank, De	es or maintains funds.	ittee deposits	
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safety deposit box Name of Bank, De Mailing Address	es or maintains funds. epository, etc. L [2727, Apalachee Parkway [Tallahassee] CITY	 	<u> </u>
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. epository, etc. L [2727, Apalachee Parkway [Tallahassee] CITY	 	<u> </u>
safety deposit box Name of Bank, De Mailing Address	es or maintains funds. epository, etc. SunTrust [2727] Apalachee Parkway [Tallahassee] CITY epository, etc.	 	<u> </u>
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. epository, etc. L [2727, Apalachee Parkway [Tallahassee] CITY	 	<u> </u>

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