

# PAUL SIDNEY ELLIOTT

ATTORNEY-MEDIATOR-ARBITRATOR

CERTIFIED FINANCIAL PLANNER®

POST OFFICE BOX 274204

TAMPA, FLORIDA 33688-4204

Telephone: (813) 265-1314

Facsimile: (813) 961-1103

File No: N/A

Date: 6/9/2012

E-Mail: [pse@psejd.com](mailto:pse@psejd.com)

WebPage: [www.psejd.com](http://www.psejd.com)

To FEC

PLEASE FIND ENCLOSED ORIGINAL FEC FORMS 1 + 2.

CALL IF Q'S.

THANKS

Paul S. Elliott

RECEIVED  
2012 JUN 14 AM 11:36  
FEC MAIL CENTER

**Paul Sidney Elliott**

1203082229

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2012 JUN 14 AM 11:36

Office Use Only MAIL CENTER

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PAUL ELLIOTT FOR CONGRESS

ADDRESS (number and street)

P. O. BOX 274204

(Check if address is changed)

TAMPA

FL

33688

4204

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

PSE@PSEJD.COM

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

(Check if address is changed)

2. DATE 06<sup>M</sup> / 6<sup>D</sup> / 2012<sup>Y</sup>

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

PAUL SIDNEY ELLIOTT

Signature of Treasurer

*Paul Sidney Elliott*

Date

06<sup>M</sup> / 06<sup>D</sup> / 2012<sup>Y</sup>

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 02/2009)

12030822430

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 PAUL SIDNEY ELLIOTT

Candidate Party Affiliation NPA Office Sought:  House  Senate  President State FL  
 District 12

- (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

12030822431

Write or Type Committee Name

PAUL ELLIOTT FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

PAUL SIDNEY ELLIOTT

Mailing Address

P. O. BOX 274204

TAMPA FL 33688 4204

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE/TREASURER

Telephone number

813 - 265 - 1314

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

PAUL SIDNEY ELLIOTT

Mailing Address

P. O. BOX 274204

TAMPA FL 33688 4204

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE/TREASURER

Telephone number

813 - 265 - 1314

12030822432

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

WELLS FARGO BANK, N. A.

Mailing Address

13003 N. DALE MABRY HWY

[Empty grid for Mailing Address line 2]

TAMPA FL 33618 - 2807

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

12030822433

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

12030822434

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jack*

**PREPARER**  
(3/2005)

*6/14/12*

**DATE PREPARED**