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FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

12 MAY 16 AM 11: 22

Office Use Only

NAME OF COMMITTEE (in full)		(Check if name is changed)		nple:If typing, type the lines.	1ŽFĚ4N	15
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			<u> </u>		<u> </u>	
ADDRESS (number and street)	Р .	0 . B 0 x	3 6 1	8 4 5 1		
(Check if address	ـــــــا					
is changed)	M e	l ₁ b ₁ o ₁ u ₁ r ₁ n ₁ e			FL	3 2 9 3 6 - 1 8 4 5
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Plea	se provide only one e-	-mail add	iress)		
(Check if address	t _l o	m @ f l a v i	n c 1	p _a . c o m	1 1 1	
is changed)			<u> </u>			
COMMITTEE'S WEB PAGE ADD	DRESS	(URL)				
(Check if address	ио	ın¦e	<u> </u>		<u> </u>	
is changed)		<u> </u>		111111		
2. DATE 0 5 1 1 3. FEC IDENTIFICATION NU	<u>5</u>] [
4. IS THIS STATEMENT	NE	W (N) OR		AMENDED (A)		
I certify that I have examined th	is State	ment and to the best	of my k	nowledge and belief	it is true, corr	ect and complete.
Type or Print Name of Treasurer	Tor	n Flavin				
Signature of Treasurer	i-c	0	<u></u>		Date 0	5 / 1 5 / 2 0 1 2
		incomplete information				t to the penalties of 2 U.S.C. §437g.
Office Use Only			:	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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			OMMITTEE Committee:
	(a)	nuale	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 Candi		
	Candi Party	date Affiliatio	on REP Office State FL Sought: House Senate President District
((c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
•	(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
ı	(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	Fund	raising 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.
		Com	nittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number
		3.	FEC ID number
		4.	

550 5am 1 (Paris	nort 00/0000)	Page 3
FEC Form 1 (Revis		rage 3
Dave Weldon for Sena	te	
	ed Organization, Affillated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
N o n e		
Mailing Address		
		!-!
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	.eadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name	n,c,y, H,., W,a,t,k,i,n,s,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111111
Mailing Address	6 1 0 S . Boullevard	
		<u> </u>
	T ₁ a ₁ m ₁ p ₁ a ₁ , , , , , , , , , , , , , , , , , , ,	6 0 6 -
Title or Position	CITY STATE	ZIP CODE
A ₁ s ₁ s ₁ i ₁ s ₁ t ₁ a ₁ n	$ \begin{array}{c c} & & & & & & & & & & & & & & & & & & &$	2,5,4,-(3,3,6,9
8. Treasurer : List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	name and address of
Full Name of Treasurer	m F 1 a v i n	
Mailing Address	3 3 0 5 t, h A v e n u e	
	In d i a l a n t i c CITY STATE	9 ₁ 0 ₁ 3
Title or Position		
Treasure	Telephone number $\begin{bmatrix} 3 & 2 & 1 \\ & & 1 \end{bmatrix}$	7 2 8 - 4 7 0 0

9.

·	evised 02/2009)		Page 4
Full Name of Designated Agent	n cy H Watkins		
Mailing Address	6,1,0, S,., B,o,u,1,e,	v a r d	
	T a m p a	STA	TE ZIP CODE
Title or Position			
A s s i s t a r	nt, Treasurer	Telephone number	8,1,3,-2,5,4,-3,3,6,9
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		in which the committee de	eposits funds, holds accounts, rents
s _i u	n T r u s t B a n k		<u> </u>
S _j u	n T r u s t B a n k	o _[c ₁ k ₁	
		o ₁ c ₁ k ₁	
			L 3,2,9,0,1,-
	2 ₁ 1 ₁ 1 ₆ S ₁ . B ₁ a ₁ b ₁ c ₁		
	2, 1, 1, 6, S, ., B, a, b, c, M, e, 1, b, o, u, r, n, e, ., ., CITY		
Mailing Address	2, 1, 1, 6, S, ., B, a, b, c, M, e, 1, b, o, u, r, n, e, ., ., CITY		
Mailing Address	2, 1, 1, 6, S, ., B, a, b, c, M, e, 1, b, o, u, r, n, e, ., ., CITY		
Mailing Address Name of Bank, Deposit	2, 1, 1, 6, S, ., B, a, b, c, M, e, 1, b, o, u, r, n, e, ., ., CITY		
Mailing Address Name of Bank, Deposit	2, 1, 1, 6, S, ., B, a, b, c, M, e, 1, b, o, u, r, n, e, ., ., CITY		

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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