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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

A. DUDA & SONS, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 1200 DUDA TRAIL

P.O. BOX 620257

X (Check if address is changed)

OVIEDO FL 32762-0257

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SUZANNE.EATON@DUDA.COM

CHANGED TRACY.DUDA-CHAPMAN@DUDA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DUDA.COM

COMMITTEE'S FAX NUMBER

407-365-2147

2. DATE 01 30 2007

3. FEC IDENTIFICATION NUMBER ▶ C00213231

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 TRACY DUDA-CHAPMAN

Signature of Treasurer [signature] Date 01 31 2007

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 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(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

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

A. DUDA & SONS, INC.

Mailing Address PO BOX 620257

OVIEDO FL 32762-0257

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

A. DUDA & SONS, INC. POLITICAL ACTION COMMITTEE

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: SUZANNE E. EATON

Mailing Address: PO BOX 620257

OVIEDO | FL | 32762-0257

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ADMIN. EXEC. SERVICES

Telephone number: 407-365-2194

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: TRACY DUDA-CHAPMAN

Mailing Address: PO BOX 620257

OVIEDO | FL | 32762-0257

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

VICE PRES-GEN. COUNSEL

Telephone number: 407-365-2111

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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.

SUNTRUST BANK

Mailing Address PO BOX 622227

ORLANDO FL 32862-2227

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
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PREPARER	DATE PREPARED 2/1/07

(3/2005)

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