

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC 2015 FEB 19 PM 12:06 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

15 FEB 23 PM 2:16 MAIL CENTER

COMMITTEE TO INSURE CIVIL & CONSTITUTIONAL RIGHTS

ADDRESS (number and street)

6746 O'HARA AVENUE

(Check if address is changed)

BOYNTON BEACH

CITY

FL 33437

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

drjoe@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NA

2. DATE

02 / 12 / 2015

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

Dr. Joe Smith

Signature of Treasurer

[Handwritten signature of Dr. Joe Smith]

Date

02 / 12 / 2015

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 06/2012)

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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 DR. JOE SMITH

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

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

Name of Candidate DR. JOE SMITH

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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

Committee to Insure Civil & Constitutional Rights

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

DR JOE SMITH

Mailing Address

6746 O'HARA AVENUE

BOYNTON BEACH

FL

33437

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

561-317-8449

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

DR JOE SMITH

Mailing Address

6746 O'HARA AVENUE

BOYNTON BEACH

FL

33437

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

561-317-8449

15020107643

Full Name of Designated Agent

DR: JOE SMITH

Mailing Address

16746 O'HARA AVENUE

BOYNTON BEACH

CITY

FL

STATE

33437

ZIP CODE

Title or Position

TREASURER

Telephone number

861-317-8449

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.

NO ACCT. AT PRESENT

CHASE

Mailing Address

1480 GREENVIEW SHORES

WELLINGTON, FL

CITY

FL

STATE

33414

ZIP CODE

Name of Bank, Depository, etc.

CHASE

Mailing Address

1480 GREENVIEW SHORES

WELLINGTON

CITY

FL

STATE

33414

ZIP CODE

15020107644

JS

RECEIVED IN THE CIRCUIT OF THE
17th JUDICIAL CIRCUIT IN AND
FOR BROWARD COUNTY, FLORIDA
2015 FEB 19 PM 12:06
90511874 CASE NO. 90-36999 CREDIT GIVEN
90511874 CENTER FINAL JUDGMENT (13)
CHANGING NAME

Handwritten initials

DEC 27 PM 2:51

In the matter of:

This cause having come on for hearing, upon sworn petition of Joseph Oscar Smith for a judgement changing his name to Dr. Joe Smith, and it appearing to the court that said petitioner is an actual bonafide resident of Broward County, Florida, and the court being otherwise fully advised in the premises, it is, thereupon, upon consideration thereof,

Considered ordered, adjudged and decreed by the court that said petition be, and the same is, hereby granted, and that the name of Joseph Oscar Smith be, and the same is, hereby changed to Dr. Joe Smith, by which name the said petitioner shall ever hereafter be known.

Done and ordered in chambers at Broward County Courthouse, Broward, Florida, this 19th day of DECEMBER 1990.

Gene Fisher
Judge

1990 DEC 19 AM 11:16

Please accept this legal document to list me on the ballot and registration as Dr. Joe Smith
Thank you

~~*Signature*~~
Dr. Joe Smith

RECORDED IN THE OFFICIAL RECORDS BOOK OF BROWARD COUNTY, FLORIDA
L. A. HESTER
COUNTY ADMINISTRATOR

8K18023P60567

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 2-12-15
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

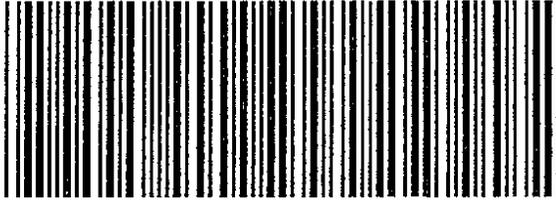
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

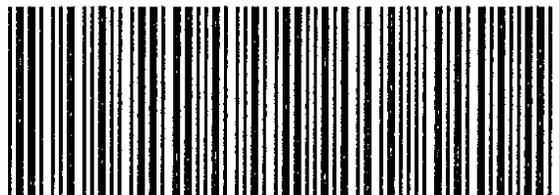
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-23-15

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SEN PATCH



SEN PATCH

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