29030194969

FEC FORM 1

STATEMENT OF ORGANIZATION

2009 DEC -4 PM 3: 54

FORM 1	ORM 1 OTGATULATION				
<u></u> <u></u>		· · · · · · · · · · · · · · · · · · ·		Office Use Only	
. NAME OF COMMITTEE (in full	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
Protect Ame	erica's Future PAC,	Inc.	<u> </u>	<u> </u>	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
DDRESS (number and s	2460A Mitcha	m Drive			
. (Check if addre	ess Lilia		111:11	<u> </u>	
is changed)	Tallahassee		LLJ L	32308 	
		CITY	STATE	ZIP CODE	
DMMITTEE'S E-MAIL	ADDRESS (Please provide only one e				
(Check if add		pa.com <u> </u>		1 - 1 1 1 1 1 1 1	
is changed)		<u> </u>		<u>: LJ l l l ! l . l . l . l . l . l . l . l .</u>	
DMMITTEE'S WEB PA	GE ADDRESS (URL)				
(Check if add	n/a			<u> </u>	
is changed)		<u>, , , , , , , , , , , , , , , , , , , </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DATE 12"	' 02 ' 2009 '				
FEC IDENTIFICATI		gang series de la companya de la co La companya de la co			
IS THIS STATEMEN	NT (X) NEW (N) OR	AMENDED (A)			
certify that I have exam	nined this Statement and to the best	t of my knowledge and belief	it is true, correct a	and complete.	
ype or Print Name of Ti	reasurer Abby F. Dupi	ree, CPA			
ignature of Treasurer	abs. Dr.	er CPA	Date 12	022009	
OTE: Submission of false	e, erroneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		ne penalties of 2 U.S.C. §437g	
Office Use		For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

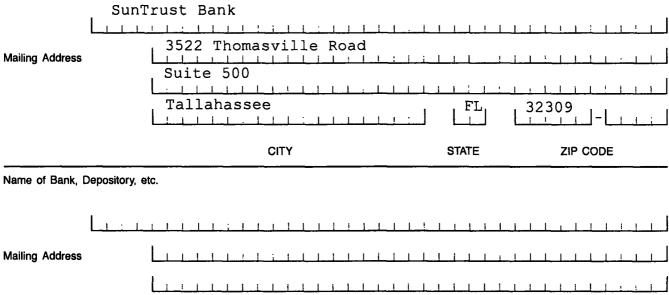
	FEC F	orm ((Nevised 02/2009)
. TY	PE OF (COMMITTEE
Ca	andidat	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	me of	· •
Ca	ndidate	
	ndidate	Office State
Pai	rty Affilia	ion Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Pa	rtv Co	mmittee:
		(National, State (Democratic,
(d)	, ,	This committee is a or subordinate) committee of the Republican, etc.) Party.
Po	litical A	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
		Corporation 6 Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	x	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.
		X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
		in addition, and committee is a Leadership FAC. (Identity spotsor on line 6.)
Joi	nt Fund	dralsing 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.
	Con	nmittees Participating in Joint Fundraiser
	1.	i
	2.	FEC ID number. C
	3.	FEC ID number C
	4.	
	7.	

Write or Type Committee Name

6. Name of Any Connected C	Organization, Affiliated Committee, Join	nt Fundralsing Representative,	or Leadership PAC Sponsor
George LeMieu	X		
Mailing Address	2460A Mitcham Drive	3	
	Tallahassee		32308
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representa	ative X^{\cdot} Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number	optional) and position of the p	erson in possession of committee
I -	F. Dupree		
Full Name	, 2460A Mitcham Drive		
Mailing Address			
	Tallahassee	FL FL	32308
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	50 - 877 - 1099
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee	and the name and address of
Full Name Abby of Treasurer	<u> </u>	 	
Mailing Address	2460A Mitcham Drive	<u> </u>	
	Tallahassee	FL STATE	32308
Title or Position Treasurer			850 - 877 - 1099

, , -,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name of Designated Agent	Jason Unger	<u> </u>	<u> </u>
Mailing Address	2460A Mitcham Drive		
		1_1_1_1_1_1_1_1_1	
	Tallahassee	FL FL	32308
	CITY	STATE	ZIP CODE
Title or Position Assistant	t Treasurer	Telephone number	850 - 877 - 1099 L_:L
	epositories: List all banks or other depositories in wis or maintains funds.	nich the committee deposits	funds, holds accounts, rents

9. Name of Bank, Depository, etc.



CITY STATE ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	DMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	Business Day Delivery
Received from House Records & Registration Offic	Date of Receipt e
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
Er-	12/7/09
(3/2005)	DATE PREPARED