

HAND DELIVERED

RECEIVED
FEC MAIL CENTER

2015 JUL 29 PM 2: 14

NORTH FLORIDA NEIGHBORS

POST OFFICE BOX 1034

TALLAHASSEE, FLORIDA 32302

July 27, 2015

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Form 1, Statement of Organization, Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Abby F. Dupree
Treasurer

20150729 1034

HAND DELIVERED

RECEIVED
FEC MAIL CENTER
2015 JUL 29 PM 2:14

**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

North Florida Neighbors

ADDRESS (number and street)

PO Box 1034

(Check if address is changed)

Tallahassee

FL

32302

CITY

STATE

ZIP CODE

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

(Check if address is changed)

info@northfloridaneighbors.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 27 / 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

Abby F. Dupree

Signature of Treasurer

Date

07 / 27 / 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 02/2009)

1101001-000 1001001-000 1001001-000

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 _____

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 _____

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 _____

20110101 10:00:00 AM

Write or Type Committee Name

North Florida Neighbors

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

None

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

Abby F. Dupree

Mailing Address

2640 Mitcham Drive

Tallahassee

FL

32308

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

850

877

1099

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

Abby F. Dupree

Mailing Address

2640 Mitcham Drive

Tallahassee

FL

32308

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

850

877

1099

Hand Delivered

101-0101-0000 : 101-0101-0000 : 101-0101-0000

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/29/15
--	----------------------------

<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
--	-------------------------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

Postmark Illegible

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
---	-------------------------------

 PREPARER	7/29/15 DATE PREPARED
---	--------------------------

ENCLOSURE INFORMATION