

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

FRIENDS OF GAYLE HARRELL

ADDRESS (number and street)

1885 N.W. Eagle Point

(Check if address is changed)

Stuart

FL

34994

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

bbrooks@gayleharrell.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gayleharrell.com

COMMITTEE'S FAX NUMBER

7726921289

2. DATE

10 / 25 / 2007

3. FEC IDENTIFICATION NUMBER

C C00432344

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

Gordon Proctor

Signature of Treasurer

Electronically Filed by Gordon Proctor

Date

10 / 29 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **Gayle B. Harrell**

Candidate Party Affiliation **REP** Office Sought:  House  Senate  President State **FL** District **16**

- (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

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**FRIENDS OF GAYLE HARRELL**

- 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 **Ruth Ann Nordgren**

Mailing Address **5 Kingston Court**

**Stuart** **FL** **34996**

Title or Position ▼ **Assistant Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **772** **221** **2271**

- 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 **Gordon Proctor**

Mailing Address **33 Flagler Avenue**

**Stuart** **FL** **34994**

Title or Position ▼ **Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **772** **283** **2356**

Full Name of Designated Agent **Ruth Ann Nordgren**

Mailing Address **5 Kingston Court**

**Stuart** **FL** **34996**

Title or Position ▼ **Assistant Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **772** **221** **2271**

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.

National City

Mailing Address

1500 S.E. Ocean Blvd.

Stuart

FL

34996

CITY ▲

STATE ▲

ZIP CODE ▲