

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

PRINCIPAL CAMPAIGN COMMITTEE JAMES E. BRYAN

ADDRESS (number and street)

8321 STOKES RD

(Check if address
is changed)

LAUREL HILL

FL

32567

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

J.BRYAN@3PFCYAN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

BRYAN.FORCONGRESS.ORG

2. DATE

03 17 2010

3. FEC IDENTIFICATION NUMBER

C00451849 old 2008 (C00451849)

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

OK

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

JAMES E. BRYAN

Signature of Treasurer

James E. Bryan

Date

03 17 2010

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)

10030273100

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 DEM REP IND OTH _____

Office Sought: House Senate President

State FL AL AR AZ CA CO CT DC DE HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

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

Name of Candidate JAMES E. BRYAN

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

10030273101

Write or Type Committee Name

PRINCIPAL CAMPAIGN COMMITTEE JAMES E. BRYAN

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

JAMES E. BRYAN

Mailing Address

18321 STOKES RD

LAUREL HILL

FL

32567

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

850-652-3350

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

JAMES E. BRYAN

Mailing Address

18321 STOKES RD

LAUREL HILL

FL

32567

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

850-652-3350

10030273102

Full Name of Designated Agent

JAMES BRYAN

Mailing Address

18321 STOKES RD

L

LAUREL HILLS

FL

32567

CITY

STATE

ZIP CODE

Title or Position

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.

WACHOVIA BANK

Mailing Address

320 NORTH FERDON BLVD

CREDITVIEW

FL

32530

32539

JEB

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030273103

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
3/19/10

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 Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 3/25/10
 PREPARER DATE PREPARED

10030273109