FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Friends of Christine Scott

ADDRESS (number and street) ☐ ☐ (Check if address is changed)

PO Box 212

212 E. Hillsboro Blvd

Deerfield Beach

CITY ▲

FL 33441

STATE ▲

ZIP CODE ▲

2. DATE ☐ 04/26/2021

3. FEC IDENTIFICATION NUMBER ▶ C

C00726539

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 Scott, Christine, . .

Signature of Treasurer Scott, Christine, . . [Electronically Filed] Date ☐ 05/07/2021

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.
5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: Scott, Christine, , ,

Candidate Party Affiliation: NPA
Office Sought: [x] House [ ] Senate [ ] President
State: FL
District: 22

(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 disburse 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 disburse 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
Friends of Christine Scott

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.

Scott, Christine, 

Mailing Address

PO Box 212
212 E Hillsboro Blvd
Deerfield Beach
FL 33441

Title or Position

CITY
STATE
ZIP CODE

Telephone number

555 - 555 - 5555

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).

Scott, Christine, 

Mailing Address

PO Box 212
212 E Hillsboro Blvd
Deerfield Beach
FL 33441

Title or Position

CITY
STATE
ZIP CODE

Telephone number

555 - 555 - 5555
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.

**Capital One**

Mailing Address: 330 E Atlantic Ave

Delray Beach, FL 33483

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE