23038092160

FEC FORM 1

# STATEMENT OF ORGANIZATION

2003 MAY 30 A 9:16

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

DEBORAH FOR CONGRESS

ADDRESS (number and street) 7645 SENTRY OAK CIRCLE EAST

☐ (Check if address is changed)

JACKSONVILLE | FL | 32256-2823

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.[illegible]

COMMITTEE'S FAX NUMBER

2. DATE 05 / 30 / 2003

3. FEC IDENTIFICATION NUMBER ▶ C00346767

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 DEBORAH HAYE PRESCOTT

Signature of Treasurer Deborah Haye Prescott Date 05 / 30 / 2003

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

FE4AN02.PDF

FEC FORM 1
(Revised 02/2000)

5. TYPE OF COMMITTEE (Check One)

(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: JEFFREY KATZ PRESSMEL

Candidate Party Affiliation: REP

Office Sought: [X] House [X] Senate [ ] President

State: FL

District: 04

(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

DEBORAH KATZ PUESCHEL

✓ 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. (AMENDED)

Full Name: DEBORAH KATZ PUESCHEL

Mailing Address: 7645 SENTRY OAK CIRCLE EAST

JACKSONVILLE | FL | 32256-2393

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE

Telephone number: 904-998-9711

✓ 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) (AMENDED)

Full Name of Treasurer: DEBORAH KATZ PUESCHEL

Mailing Address: 7645 SENTRY OAK CIRCLE EAST

JACKSONVILLE | FL | 32256-2393

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE

Telephone number: 904-998-9711

Full Name of Designated Agent

Mailing Address

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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. NAME CHANGE FROM FIRST UNION 10/ (AMENDED)

WACHOVIA

Mailing Address P.O.D. BAYMEADOWS ROAD

JACKSONVILLE | FL | 32256-2233

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

23038092164

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☐ | Hand Delivered | Date of Receipt |
| ☑ | First Class Mail | POSTMARKED 5-24-03 |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

PREPARER — DATE PREPARED: 5-30-03

(6/2000)