

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

00 JUN -6 AM 8:28

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1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Tom Gallagher for U.S. Senate	2. DATE 00 JUN -6 AM 8:28
(a) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 610 S. Boulevard, Suite 100	3. FEC Identification Number C00347567
(c) City, State and ZIP Code Tampa, FL 33606	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 Tom Gallagher	Candidate Party Affiliation Republican	Office Sought U.S. Senate	State/District Florida
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- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None		

Type of Connected Organization

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

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	Mailing Address	Title or Position
Robert I. Watkins	610 S. Blvd., Tampa, FL 33606	Asst. Treasurer

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	Mailing Address	Title or Position
S. Curtis Kiser	P.O. Box 10550 Tallahassee, FL 32303	Treasurer
Robert I. Watkins	610 S. Blvd., Tampa, FL 33606	Asst. Treasurer

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.	Mailing Address and ZIP Code
Premier Bank	P.O. Box 3606, Tallahassee, FL 32315
The Bank of Tampa	P.O. Box 1, Tampa, FL 33601
Peoples 1st Community Bank	107 W. College Ave., Tallahassee, FL 32301

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 Robert I. Watkins, Asst. Treasurer	SIGNATURE OF TREASURER 	DATE 6/2/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact: FE9AN114PDF
 Federal Election Commission
 Toll-free 800-424-9630
 Local 202-694-1100

FEC FORM 1
(revised 4/87)

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