

2010 SEP 21 AM 11:42

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

YINKA ABOSEDE ADESHINA

ADDRESS (number and street) 1621 CROSSPOINTE WAY

(Check if address is changed)

TALLAHASSEE

FL 32308

CITY

STATE

ZIP CODE

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

(Check if address is changed)

YINKAADESHINA@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 9/15/10

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW 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 YINKA ABOSEDE ADESHINA

Signature of Treasurer Yinka Adeshina

Date 9/15/10

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10030424205

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 **YINKA ABOSEDE ADESHINA**

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **FLORIDA** District **LEON**

- (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 **DEM** (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**

10030424206

Write or Type Committee Name

OPEOLA FOR YINKA ABOSEDE ADESHINA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

OPEOLA FOR U.S PRESIDENT CANDIDATE YINKA ABOSEDE ADESHINA

Mailing Address 1621 CROSSPOINTE WAY

TALLAHASSEE FL 32308 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 YINKA ABOSEDE ADESHINA

Mailing Address 1621 CROSSPOINTE WAY

TALLAHASSEE FL 32308 CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

CHAIR PERSON Telephone number 850 264 4821

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 YINKA ABOSEDE ADESHINA

Mailing Address 1621 CROSSPOINTE WAY

TALLAHASSEE FL 32308 CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

CHAIR PERSON Telephone number 850 264 4821

10030424207

Full Name of Designated Agent

YINKA ABOSEDE ADESHINA

Mailing Address

1621 CROSSPOINTE WAY

TALLAHASSEE
CITY

FL
STATE

32308
ZIP CODE

Title or Position

CHAIR PERSON

Telephone number

850 264 4821

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.

WAKULLA BANK

Mailing Address

2101 CAPITAL CIRCLE NORTH EAST

TALLAHASSEE
CITY

FL
STATE

32308
ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030424208

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)
9/15/10

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

JmW
PREPARER

9/21/10
DATE PREPARED

10030424209