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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

Algac for President

ADDRESS (number and street) P.O. Box 1643

(Check if address is changed)

Arcadia FL 34265-1643

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

loveybodya@people pc.com

loveybody@mconnect.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

AlgarforPresident.com

COMMITTEE'S FAX NUMBER

863-993-3632

2. DATE 04 30 2007

3. FEC IDENTIFICATION NUMBER ▶ C

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 Virginia Algar

Signature of Treasurer Virginia Algar Date 04 11 2007

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 02/2003)

FE3AN042.PDF

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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: Virginia Algar

Candidate Party Affiliation: REP

Office Sought: House ___ Senate ✓ President

State: FL

District: 92

(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 Rep (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

Algar for President

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: Virginia Algar

Mailing Address: P.O. Box 1643

Arcadia | FL | 34265-1643

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

Candidate | Telephone number 863-993-3632

27959434209

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: Virginia Algar

Mailing Address: P.O. Box 1643

Arcadia | FL | 34265-1643

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

Candidate | Telephone number 863-993-3632

Full Name of Designated Agent: Chipley H Algar

Mailing Address: P.O. Box 1643

ARCADIA | FL | 34265-1643

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

Assistant Treasurer | Telephone number 863-993-3632

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.

First State Bank of Arcadia

Mailing Address P.O. Drawer 1400

Arcadia FL 34265-1400

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

FEDERAL OFFICE LOYALTY OATH

CANDIDATES WITH PARTY AFFILIATION

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA DESOTO **COUNTY**

(PLEASE PRINT)

I, Virginia | E | Alger

First Name | Middle Name/Initial | Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Virginia Alger

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of President of the U.S. (office) . Dist 2 (district) .

I am a qualified elector of DeSoto County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek.

STATEMENT OF PARTY

(Section 99.021, Florida Statutes)

I am a member of the Republican party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH, OATH OF CANDIDATE AND STATEMENT OF PARTY AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE X Virginia Alger

Signature of Candidate

P.O. Box 1643

Mailing Address

H (863) 993-3632 (863) 993-3632

Day Phone C (863) 558-1515 Fax Number

Arcadia, Fl 34265 11 Apr 07

City State Zip Code Date Signed

DS-DE 27 (Rev. 08/03)

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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.

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	Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 5/3/07

(3/2005)

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