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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

CAMPAIGN FOR FLORIDA'S FUTURE

ADDRESS (number and street)

1298 MILLSTREAM DR

(Check if address  
is changed)

TALLAHASSEE

FL

32312-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ebcast@cnbaca.com

ebcast@pasa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

850-386-7291

2. DATE

12 11 2006

3. FEC IDENTIFICATION NUMBER ▶

C00387704

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

WILLIAM R. LEWIS

Signature of Treasurer

*William R. Lewis*

Date

12 29 2006

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

FEC FORM 1  
(Revised 02/2003)

26039314235

5. TYPE OF COMMITTEE (Check One)

CLOSED FILE

- (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 \_\_\_\_\_

FORDER  
CANDIDATE

Candidate Party Affiliation:  DEM

Office Sought:  House  Senate  President

State:  District:

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  NAT (National, State or subordinate) committee of the  DEM (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

260399314236

Write or Type Committee Name

CAMPAIGN FOR FLORIDA'S FUTURE

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 BETTY CASTOR

Mailing Address 1298 MILLSTREAM RD  
TALLAHASSEE FL 32312-1

Title or Position CITY STATE ZIP CODE

Telephone number 850-356-7291

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 WILLIAM R. LEWIS

Mailing Address 1298 MILLSTREAM RD  
TALLAHASSEE FL 32312-1

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent BETTY CASTOR

Mailing Address 1298 MILLSTREAM  
TALLAHASSEE FL 32312-1

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

FCM TRUST BANK

Mailing Address

P.O. BOX 62727

ORLANDO

FL

32862-2227

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Her*  
 PREPARER  
 (3/2005)

*12/22/06*  
 DATE PREPARED

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