

RECEIVED
FEC MAIL CENTER

2008 JUL 16 AM 11: 25

July 15, 2008

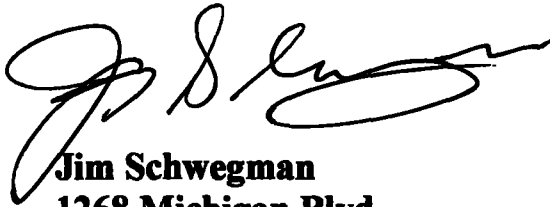
To Whom It May Concern:

Per our phone conversation yesterday, please find the following enclosed:

Form 1 Statement Of Organization (to obtain FEC #)

Form 3 Report of Receipts and Disbursements (report due)

Thanks for your assistance.



**Jim Schwegman
1268 Michigan Blvd
Dunedin, FL 34698
727 734 3583**

28039782275

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

2008 JUL 16 AM 11:25

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ANITA de PALMA FOR HOUSE OF REPRESENTATIVES
2008

ADDRESS (number and street)

1903 N HERCULES AVE



(Check if address
is changed)

CLEARWATER

FL

33763-4423

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

TOM @ ANITA de PALMA 2008 . com

COMMITTEE'S WEB PAGE ADDRESS (URL)

ANITA de PALMA 2008 . com

COMMITTEE'S FAX NUMBER

727-449-1780

2. DATE

07 / 15 / 2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



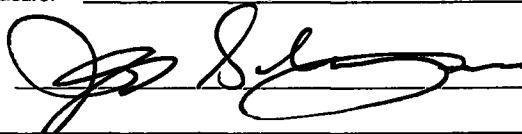
AMENDED (A)

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

Jim Schwegman

Signature of Treasurer



Date

07 / 15 / 2008

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 12/2007)

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

ANITA de PALMA

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

FL

District

09

- (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 ☐ (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:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- (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 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.	<input type="checkbox"/>	FEC ID number	C
2.	<input type="checkbox"/>	FEC ID number	C
3.	<input type="checkbox"/>	FEC ID number	C
4.	<input type="checkbox"/>	FEC ID number	C
5.	<input type="checkbox"/>	FEC ID number	C

Write or Type Committee Name

ANITA de PALMA For House of Representatives 2008

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

☐ Connected Organization☐ Affiliated Committee☐ Leadership PAC Sponsor☐ Joint Fundraising Representative

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

ADRIANA STEININGER

Mailing Address

3960 55th ST N #101

ST. PETERSBURG

FL

33709

CITY

STATE

ZIP CODE

Title or Position

CUSTODIAN OF RECORDS

Telephone number

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

JIM SCHWEGMAN

Mailing Address

1268 MICHIGAN BLVD

DUNEDIN

FL

34698

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

727 - 734 - 3583

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/15/08
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	7/16/08 DATE PREPARED

(3/2005)

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