FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	·	(Ossisstantia					
		(See instruction	ns)			Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If ty over the lines	pying, type	12FE4M5		
Friends of Da	ve Weldon						ш
	<u> </u>						
ADDRESS (number and	2528 (1 street)	5 Aurora Road					ш
(Check if add	ress	e <sub>.</sub> 2			1111		
x is changed)		ourne		ш		32935 _ 28	333
COMMITTEE'S E-MA	All ADDRESS		CITY		STATE▲	ZIP CODE 🛦	•
friends@weld							1
COMMITTEE'S WEB	PAGE ADDRESS (U	JRL)					!
 		, , , , , , , , , , , , , , , , , , ,					1
1							1
2. DATE 0.4	M / D D / 1	Ž 0 0 7					
3. FEC IDENTIFICA	ATION NUMBER		C C00294280				
4. IS THIS STATE!	MENT NEV	V (N) OR	X AM	ENDED (A)			
I certify that I have exam	nined this Statement and	d to the best of my kno	wledge and belief it	s true, correct and	d complete		
Type or Print Name of	Treasurer	Thomas P Flavin					
Signature of Treasure	r Electronically File	ed by <b>Thomas P</b>	Flavin		Date 04	03	2 0 0 7
NOTE: Submission of fa		mplete information may			•	_	
Office Use Only			Federal E Toll Free	er information c Election Commiss 800-424-9530 2-694-1100		FEC FORM (Revised 02/2003)	1

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5.	TYPE OF COMMITTEE (Check One)				
	(a) X 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 campaign committee).	andidate			
	Name of David J. Weldon Candidate				
	Candidate Party Affiliation  REP  Office Sought:  X House Senate President	State FL District 15			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		emocratic, publican,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 fur committee.	nd or party			
6.	Name of Any Connected Organization or Affiliated Committee				
	None	<b>.</b>			
	Nazika- Adda-				
	Mailing Address				
	CITY▲ STATE▲ 2	ZIP CODE A			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization	on			
	Membership Organization Trade Association Cooperative				

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Write or Type Committee Nam	ie					
Friends of Dave Weld	on					
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Mr. Thomas Flavin Full Name						
Mailing Address	1845 River Shore Drive					
	Indialantic	FL	32903 _ 4513			
Title or Position ▼	CITY 🛦	STATE	ZIP CODE A			
Treasur		<b>321</b> Telephone number	752 9967 			
Full Name of Treasurer  Mailing Address	Thomas Flavin  1845 River Shore Drive					
	Indialantic		32903 _ 4513			
	CITY A	STATE▲				
Title or Position ♥			ZIP CODE ▲			
Title or Position ▼  Treasure	er .	Telephone number 321	ZIP CODE ▲7529967			
•	er .	201	-			
Treasur Full Name of Designated	<u>'er</u>	201	_			
Full Name of Designated Agent	CITY A	201	-			

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
	Sui	ntrust Bank PO Box 620547			
		Orlando   FL   FL	32862   _   0547		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷