

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC  
OPERATIONS CENTER  
2004 FEB 27 A 10:07

1 NAME OF COMMITTEE (in full) (Check if new is change) Example: 1998 PAC over the line. 1234567

FLOYD FOR CONGRESS COMMITTEE

P.O. BOX 70884

ADDRESS (number and street)

(Check if address is changed)

CHEVY CHASE MD 20813

CITY STATE ZIP CODE 4

COMMITTEE'S EMAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FLOYD.FOR.CONGRESS.COMMITTEE

COMMITTEE'S FAX NUMBER

1-301-547-0000

2 DATE 02 20 2004

3 FEC IDENTIFICATION NUMBER ▶ CHAMDO8163

4 IS THIS STATEMENT NEW  OR  AMENDED

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 CHARLES P. RECKNOR

X Signature of Treasurer *Charles P. Recknor* 02 20 2004

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 30 DAYS

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: CHARLES RICHARD FLOYD

Candidate Party Affiliation: REP: Office Sought:  House  Senate  President State: MD

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

NONE

Street Address: \_\_\_\_\_

CITY STATE ZIP CODE

Relationship: \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Committee

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Name or Type Committee Name

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: SOLE GHASH STRICKLETT

Mailing Address: 8733 RIDGE ROAD  
BETHESDA, MD 20817

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LEGAL ADVISOR Telephone number: 301 565 0340

8 Treasurer: List by 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: CHARLES RECKNOR

Mailing Address: 6233 EXECUTIVE BLVD  
ROCKVILLE, MD 20852-3906

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TREASURER Telephone number: 301 230-1800

B-MAILS CHECKNOTES BOX 166

Full Name of Designated Agent: KATHRYN FLOYD

Mailing Address: 14310 WESTBROOK LN  
WINSINGTON ROAD 20895

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ATT. TREASURER Telephone number: 202 434 5050

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4. Banks or Other Depositories: List all banks or other depositories in which the company deposits funds, holds accounts, keeps safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHEVY CHASE BANK

Mailing Address

CHEVY CHASE MD 20815

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 2-25-04
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
	2-27-04
PREPARER	DATE PREPARED