FEC FORM 1

STATEMENT OF ORGANIZATION

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							Office Use Only	· - C1(
1. NAME OF COMMITTEE (in	full)	, ,	Check if name changed)		mple:If typing, type r the lines.	12FE4N	15	
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(Check if add is changed)	dress	Talla	hassee			FL	32308	J-L
				CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MAI	L ADDRES	SS (Please	provide only or	ne e-mail ac	ldress)			
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2. DATE 04	<u> </u>	<u> </u>	13.					
3. FEC IDENTIFICA	ATION NU	JMBER	C					
4. IS THIS STATEM	ENT 🔀	NEW	(N) OR		AMENDED (A)			
I certify that I have ex	kamined th	is Stateme	nt and to the	best of my	knowledge and belie	f it is true, corr	ect and complete.	
Type or Print Name o	f Treasurer	Abb	y F. Dι	ıpree,	CPA		y	
Signature of Treasure		ad.	byth	1	CPA	Date 0	4" 24" ′	2013
NOTE: Submission of fa			•	-	bject the person signin	_	-	2 U.S.C. §437g.
Office Use					For further information Federal Election Comm		FEC FC	

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F	EC Fo	orm 1 (Revised 02/2009)	Page 2
(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. (Complinformation below.)	ete the candidate
		Alan Schlesinger	
		Son REP Office V Laure V Secreta V Breekfant	State FL
Farty	Annau	Sought: Nouse Senate President	District 18
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
			!
Part	y Con	mmittee:	
(d)		(4) (2) (4) (4) (4)	Democratic, epublican, etc.) Party.
Polit	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
48	_		
(1)	Ц	This committee supports/opposes more than one Federal candidate, and is NOT a separate segi committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
	<u>Ц</u>	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 committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	1	
	TYPE Cand (a) (b) Name Cand Party (c) Name Cand Part (d) Polit (e)	TYPE OF C Candidate (a)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Compliantormation below.) Name of Candidate Alan Schlesinger Candidate Party Affiliation REP. Office Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the Repolitical Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) It is committee is a Lebbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segmentative. In addition, this committee is a Lebbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundralsing Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C. 3. FEC ID number C.

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Schlesinger for Congress Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor Mailing Address ZIP CODE CITY STATE Affiliated Committee Leadership PAC Sponsor Connected Organization Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. ¡Abby F. Dupree, CPA Full Name Mailing Address Tallahassee Title or Position CITY STATE ZIP CODE Treasurer **|8**50 | 1-1877 Telephone number

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).

of Treasurer	Appy F. Dupree, CPA
Mailing Address	2640A Mitcham Drive
-	
	Tallahassee FL 32308 J-
Title or Position	CITY STATE ZIP CODE
Treasurer	

CITY

STATE

ZIP CODE

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Frederick Carroll III, CPA

Full Name of Designated

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Feel EYP **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

PREPARER