

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

10 DEC -6 PM 12:04

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CHARLIE CRIST FOR US SENATE

ADDRESS (number and street)

2640 - A Mitcham Drive

(Check if address
is changed)

TALLAHASSEE FL 32308

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

adupree@ccrcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.charliecrist.com

2. DATE

12 / 01 / 2010

3. FEC IDENTIFICATION NUMBER

C00462135

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 Frederick Carroll III, CPA

Signature of Treasurer

Date

12 / 01 / 2010

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 02/2009)

10021044375

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: C h a r l i e C r i s t

Candidate Party Affiliation: NPA Office Sought: House Senate President State: FL District:

- (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:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

CHARLIE CRIST FOR US SENATE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

F R E D E R I C K C A R R O L L I I I

Mailing Address

2 6 4 0 A M I T C H A M D R I V E

[Empty grid lines for mailing address]

T A L L A H A S S E E F L 3 2 3 0 8

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

8 5 0 - 8 7 7 - 1 0 9 9

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

F R E D E R I C K C A R R O L L I I I

Mailing Address

2 6 4 0 A M I T C H A M D R I V E

[Empty grid lines for mailing address]

T A L L A H A S S E E F L 3 2 3 0 8

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

8 5 0 - 8 7 7 - 1 0 9 9

10021044377

Full Name of Designated Agent

ABBY F DUPREE

Mailing Address

2640 MITCHAM DRIVE

TALLAHASSEE FL 32308

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

850-877-1099

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.

SUNTRUST BANK

Mailing Address

3522 THOMASVILLE ROAD STE 500

TALLAHASSEE FL 32309

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

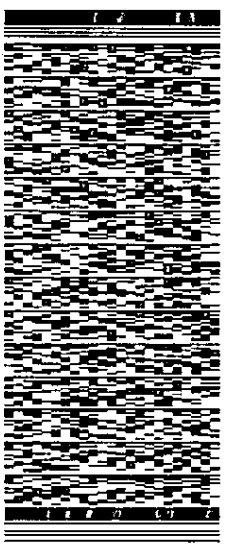
10021044378

Shipping Label Here.

From: Origin ID: TLHA (850) 877-1099
Rick Carroll
Carroll and Company, CPAs
2640-A Mitcham Drive
Tallahassee, FL 32308



SHIP TO: (202) 224-0322 BILL SENDER
Senate Office of Public Records
Senate Office of Public Records
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510



Ship Date: 02DEC10
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CAD: 8676179/N/ET3090

Delivery Address Bar Code



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Invoice #
PO #
Dept #

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DCA 20510



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United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>12-02-10</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

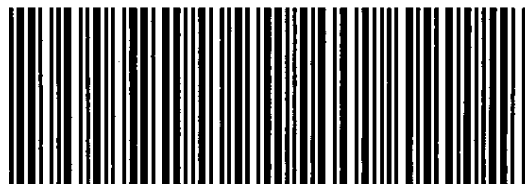
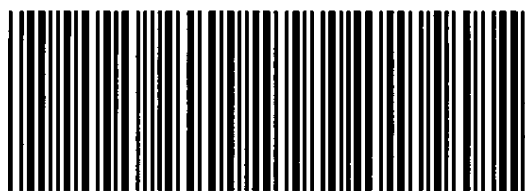
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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 12-06-10

10021044380



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