FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See ins	Office use only				
NAME OF COMMITTEE (in	(Check if nar full) is changed)	me Example: If typying, type over the lines	12FE4M5			
Jennings 2008	}					
		<u> </u>				
ADDRESS (number and	street) 426 Partridge C	ircle				
X (Check if address is changed)	ess Sarasota		FL 34236 _			
		CITY▲	STATE▲ ZIP CODE ▲			
COMMITTEE'S E-MAI	IL ADDRESS on@comcast.net		,			
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
COMMITTEE'S FAX N 9419532694	NUMBER					
2. DATE 0.3	0 1 / P P P P P P P P P P P P P P P P P P					
3. FEC IDENTIFICA	ATION NUMBER	C C00436964				
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)						
I certify that I have exami	ined this Statement and to the best of	my knowledge and belief it is true, correct	and complete			
Type or Print Name of	Treasurer Ed Chiles					
Signature of Treasurer	Electronically Filed by Ed C	hiles	Date 03 / DDD / YYYYY			
NOTE: Submission of fa		ion may subject the person signing this S	otatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS			
Office Use Only		For further information Federal Election Communication Federal Election Communication Federal 202 694 1100	nission FEC FORM 1			

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:						
	(a) X	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 candidate information below.)						
	Name of Candidate	Christine Jennings						
	Candidate Party Affiliati	on DEM Office X House Senate Presider	State FL District 13					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Comm							
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	Political Act	Political Action Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	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 Fundra	aising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political					
	(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.						
	Com	mittees Participating in Joint Fundraiser						
		1. FEC ID number C						
		2. FEC ID number						
		3. FEC ID number						
		4.						
		- EEC ID number C						

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Write or Type Committee Name						
Jennings 2008						
6. Name of Any Connected Or	ganization, Affiliated Committee, Leadership PA	C Sponsor or Joint Fundrais	ing Representative			
Mailing Address						
	CITY▲	STATE ≜	ZIP CODE			
Relationship:						
Connected Organization	Affiliated Committee Leadersh	ip PAC Sponsor Joint	Fundraising Representative			
Full Name Mailing Address	471 Birchington Lane					
	Melbourne	FL	32940			
Title or Position ♥ Complian	CITY A	STATE A elephone number 321	ZIP CODE A - <u>543</u> - <u>8893</u>			
	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 Ed Chiles						
Mailing Address	Mailing Address 426 Partridge Circle					
	Sarasota	FL	34236			
Title or Position ♥	CITY A	STATE	ZIP CODE A			
Treasure	r	elephone number	_ 953 _ 3474			

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	Full Name of Designated Agent	_	Michael Shelton				
Mailing Address			426 Partridge Circle				
			Sarasota				
	Title or Position ▼		CITY A	STATE	▲ ZIP C	CODE A	
	A	Assistant T	reasurer	Telephone number _	941 953	3474	
9.	safety deposit box	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.					
		Bank o	of America				
	Mailing Address		1501 Pennsylvania Ave, NW				
			Washington	DC	2000	5	
			CITY 🗖	STATE	ZIP (CODE A	
	Name of Bank, Depository, etc.						
	Mailing Address						
			CITY 🔺	STATE	ΞΔ ZIP (CODE A	