



RECEIVED  
FEC MAIL CENTER  
2018 SEP 24 AM 9:22

Kaitlin Eger,  
Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E Street NW,  
Washington DC 20463

Dear Kaitlin,

Id# C00453696

Please find attached the corrected FEC Form 1. I have now checked the missing information on Line 5 e.  
I hope this is now all in order.

Yours Truly,

*Margaret Eadington*

Margaret Eadington

1148 Goodlette Road N. • Naples FL, 34102

239.435.7727

Fax 239.435.7790

[www.ccmsonline.org](http://www.ccmsonline.org)

28039840398

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2008 SEP 24 AM 9:22

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

COLLIER COUNTY MEDICAL SOCIETY POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

1148 GOODLETTE ROAD NORTH

(Check if address  
is changed)

NAPLES

FL

34102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@ccmsonline.org

margaret@ccmsonline.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

ccmsonline.org

COMMITTEE'S FAX NUMBER

239-435-7790

2. DATE

08 20 2008

3. FEC IDENTIFICATION NUMBER

C00453696

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

Joseph Gauta

Signature of Treasurer



Date

08 20 2008

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 12/2007)

## 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

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

- (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 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.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C
5.  FEC ID number C

28039840400

Write or Type Committee Name

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

COLLIER COUNTY MEDICAL SOCIETY

Mailing Address

1148 GOODLETTE ROAD NORTH

NAPLES

CITY

FL

STATE

34102-

ZIP CODE

Relationship:



Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

## 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

MARGARET EADINGTON

Mailing Address

1148 GOODLETTE ROAD NORTH

NAPLES

CITY

FL

STATE

34102-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

239-435-7727

## 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

JOSEPH GAUTA

Mailing Address

1890 SW HEALTH PKWY

SUITE 205

NAPLES

CITY

FL

STATE

34109-

ZIP CODE

Title or Position

TREASURER

Telephone number

239-592-1388

Full Name of  
Designated  
Agent

MARGARET EADINGTON

Mailing Address

1148 GOODLETTE ROAD NORTH

NAPLES

CITY

FL

STATE

34102

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

239-435-7727

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.

FIFTH THIRD BANK

Mailing Address

900 GOODLETTE ROAD NORTH

NAPLES

CITY

FL

STATE

34102

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 <b>9/17/08</b>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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
 PREPARER	<b>9/24/08</b> DATE PREPARED

(3/2005)

28039840403