

RECEIVED  
FED MAIL  
OPERATIONS CENTER

# FEC FORM 2 STATEMENT OF CANDIDACY

200 APR 30 A 9 52

1. (a) Name of Candidate (in full) <b>James Oscar Davis, III</b>		2. Identification Number <b>000317974</b>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>P.O. Box 18143</b>		
(c) City, State, and ZIP Code <b>Tampa, FL 33679</b>		3. Is This Statement <input type="radio"/> New <input type="radio"/> Amended <input checked="" type="radio"/> (A)
4. Party Affiliation <b>Dem</b>	5. Office Sought <b>US House</b>	6. State & District of Candidate <b>FL, District 11</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)  
**Jim Davis for Congress**

(b) Address (number and street)  
**P.O. Box 18143**

(c) City, State, and ZIP Code  
**Tampa, FL 33679**

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.6) by

SA  for the primary election, and

SB  for the general election.

If you do NOT intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate: **James Oscar Davis, III** Date: \_\_\_\_\_

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED 4/25/03
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i>	4/30/03
PREPARER	DATE PREPARED

2025 RELEASE UNDER E.O. 14176