

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 DEC 16 AM 9:37

Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Darcy Richardson for President Committee

ADDRESS (number and street)

3161 St Johns Bluff Rd.

(Check if address is changed)

Suite #2

Jacksonville FL 32246

CITY

STATE

ZIP CODE

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

(Check if address is changed)

darcyrichardson@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.darcy2012.com

2. DATE

12

14

2011

3. FEC IDENTIFICATION NUMBER

C

(P20001376)

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

Darcy G. Richardson

Signature of Treasurer

Darcy G. Richardson

Date

12

14

2011

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)

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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 Darcy G. Richardson

Candidate Party Affiliation  Dem Office Sought:  House  Senate  President State  District  00

- (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.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

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Write or Type Committee Name

Darcy Richardson for President Committee

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

None

Mailing Address

CITY

STATE

ZIP CODE

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

7. Custodian of Recbrds: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Darcy G. Richardson

Mailing Address

7810 Fox Trail Lane

Jacksonville

FL

32219-4305

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

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

Darcy G. Richardson

Mailing Address

7810 Fox Trail Lane

Jacksonville

FL

32219-4305

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

11030694449

Full Name of Designated Agent

Darcy G Richardson

Mailing Address

7810 Fox Tail Lane

Jacksonville

CITY

FL

STATE

32219-4305

ZIP CODE

Title or Position

Telephone number

11030694450

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.

Myster Credit Union

Mailing Address

PO Box 45085

Jacksonville

CITY

FL

STATE

32237-5085

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.

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*[Signature]*  
 PREPARER  
 (3/2005)

*12/16/11*  
 DATE PREPARED

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