

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Chris Jennings for Congress

ADDRESS (number and street)

426 Partridge Circle

(Check if address is changed)

Sarasota

FL

34236

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

michaeljshelton@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9419532694

2. DATE

03 / 01 / 2009

3. FEC IDENTIFICATION NUMBER

C C00398305

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

Susan K. Flynn

Signature of Treasurer

Electronically Filed by Susan K. Flynn

Date

03 / 01 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 (Check One)

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 Chris Jennings

Candidate Party Affiliation Office 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.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
5.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

Write or Type Committee Name

Chris Jennings for Congress

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

Empty grid lines for organization name.

Mailing Address

Empty grid lines for mailing address.

CITY ▲

STATE ▲

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 **AUDITECH ASSOCIATES, LLC**

Mailing Address **471 Birchington Lane**

Melbourne **FL** **32940**

Title or Position ▼ **Compliance Consultant** CITY ▲ STATE ▲ ZIP CODE ▲ Telephone number **321** - **543** - **8893**

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 **Susan K. Flynn**

Mailing Address **426 Partridge Circle**

Sarasota **FL** **34236**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲ Telephone number **941** - **953** - **3474**

Full Name of Designated Agent

Michael J. Shelton, Esquire

Mailing Address

426 Partridge Circle

Sarasota

FL

34236

Title or Position

CITY

STATE

ZIP CODE

Telephone number

941

953

3474

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.

Colonial Bank

Mailing Address

2 N Tamiami Trl # 100

Sarasota

FL

34236

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE