

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER

2007 APR 27 AM 11:48

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MIKE SMITH FOR CONGRESS

ADDRESS (number and street)

12108 REBECCA'S RUN DRIVE

(Check if address  
is changed)

WINTER GARDEN

FL

34787

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MIKE SMITH FOR CONGRESS@CF1.CF.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MIKESMITHFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

407-513-4000

2. DATE 04 23 2007

3. FEC IDENTIFICATION NUMBER ► C

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

Emily R. Huhne

Signature of Treasurer



Date

04 16 2007

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Michael J. Smith

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State FL District 08

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation                      Corporation w/o Capital Stock                      Labor Organization
- Membership Organization                      Trade Association                      Cooperative

Write or Type Committee Name

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 EMILY RALEEN HUHNE

Mailing Address 1123 ALGARE LOOP

WINDERMERE FL 34786

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 407-701-4402

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 EMILY RALEEN HUHNE

Mailing Address 1123 ALGARE LOOP

WINDERMERE FL 34786

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 407-701-4402

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Wachovia Bank NA

Mailing Address

20 North Orange Avenue

Orlando

FL

32801

CITY ▲

STATE ▲

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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4/23/07

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Postmark Illegible

No Postmark

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jms*  
PREPARER

4/27/07  
DATE PREPARED