

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JOHN DICKS FOR CONGRESS

ADDRESS (number and street)

121 N COLLINS ST

(Check if address is changed)

PLANT CITY

FL

33564

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@JOHNDICKSFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JOHNDICKSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

813-567-5659

2. DATE

10 02 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

JOSEPH SEDITA

Signature of Treasurer

Date

10 04 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
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Only

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

FEC FORM 1
(Revised 02/2003)

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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 JOHN DICKS

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 09

- (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

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Write or Type Committee Name

JOHN DICKS FOR CONGRESS

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 | JOHN DICKS

Mailing Address | 121 N COLLINS ST

| PLANT CITY | FL | 33564-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| CANDIDATE | Telephone number | 813-567-5658

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 SEDITA

Mailing Address | 104 N EVERS ST #202

| PLANT CITY | FL | 33564-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| TREASURER | Telephone number | 813-752-4197

Full Name of Designated Agent | JW DICKS

Mailing Address | 220 E CENTRAL PARKWAY SUITE 1020

| ALTAMONTE SPRINGS | FL | 32701-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| MANAGER | Telephone number | 407-265-1417

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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.

PLATINUM BANK

Mailing Address

1804 JAMES REDMAN PARKWAY

PLANT CITY FL 33563-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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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USPS First Class Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
 (3/2005)

10/9/07

DATE PREPARED

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