

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
07 JAN -9 PM 12:23

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Peter Deutsch for Senate

ADDRESS (number and street) PO Box 817689

(Check if address is changed) Hollywood FL 33081

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

political@mail108@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

954-212-0491

2. DATE 12 26 2006

3. FEC IDENTIFICATION NUMBER ▶ C00785932

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 Lari Deutsch

Signature of Treasurer X Lari Deutsch Date 12 26 2006

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 800-424-9630 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

27020010608

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 Peter Deutsch

Candidate Party Affiliation Dem Rep Ind Other

Office Sought: House Senate President

State AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District

- (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

27020010609

Write or Type Committee Name

Peter Deutsch for Senate

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 Lori Deutsch

Mailing Address PO Box 817689

Hollywood FL 33081

Title of 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 Lori Deutsch

Mailing Address PO Box 817689

Hollywood FL 33081

Title of Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

Title of Position CITY STATE ZIP CODE

Telephone number

27020010610

B. 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.

Bank of America

Mailing Address

4601 Sheridan St.

Hollywood FL 33021

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

CONGRESSMAN PETER DEUTSCH
P. O. BOX 817886
HOLLYWOOD, FLORIDA 33081

SECRETARY OF THE SENATE

07 JAN -9 PH 12: 23

UNPAID
BY TELEPHONE
FOR
ALEXANDRIA, VA

Office of Public Records

5109

22301-0109

22306+0109

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FT LAUDERDALE
FL 333
03 JAN 28 07 PM 3 L

USA 32



NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART Senate Office Building
Suite 232
Washington, DC 20510-7116
PHONE: (202) 224-0822

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

USPS FIRST CLASS MAIL 01-03-07
Date of Receipt
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 01-09-07

27020010613

27020010614



27020010614