

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

Amendment to Original registration.
RECEIVED
 FEDERAL ELECTION COMMISSION MAIL ROOM

| | | |
|---|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL Patsy Kurth for Congress | <input type="checkbox"/> (Check if name is changed) | 2. DATE 2/1/00 |
| (b) Number and Street Address P.O. Box 60190 | <input type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number C00350371 |
| (c) City, State and ZIP Code Palm Bay, FL 32906-0190 | | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

2000 FEB 11 P 2:39

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 Patsy Ann Kurth | Candidate Party Affiliation Democrat | Office Sought U.S. House | State/District FL # 15 |
|---|--|------------------------------------|----------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| none | | |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Brian G. Fisher | Mailing Address 2401 W. Eau Gallie Blvd Ste 1 | Title or Position Treasurer |
|-------------------------------------|---|---------------------------------------|

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 Brian G. Fisher | Mailing Address 2401 W. Eau Gallie Blvd. Suite 1, Melbourne, FL 32905 | Title or Position Treasurer |
| Susie Morris | 533 Rio Casa Drive N. Indian Lantic, FL 32903 | Asst. Treasurer |
| Alan P. Kurth | P.O. Box 60190, Palm Bay, FL 32906-0190 | Asst. Treasurer |

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. First Union National Bank | Mailing Address and ZIP Code 2200 Harris Ave., NE Palm Bay, FL 32905 |
|--|--|

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 Brian G. Fisher | SIGNATURE OF TREASURER | DATE 2/1/00 |
|---|----------------------------|-----------------------|

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.

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

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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED <i>2-7-00</i> |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>1 m (2)</i> PREPARER | <i>2-11-00</i> DATE PREPARED |