

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2006 JAN 24 A 9:10

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

HARMS for Congress

ADDRESS (number and street)

4550 RIVER TRAIL RD

(Check if address is changed)

JACKSONVILLE

FL

32277

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Bob.Harms@HarmsforCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.HarmsforCongress.com

www.HarmsforCongress.com

COMMITTEE'S FAX NUMBER

904-207-7823

2. DATE

01/11/2006

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

Charles Grant

Signature of Treasurer

Charles Grant

Date

01/13/2006

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26038953758

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 Robert J. Harms

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 04

- (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

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 Robert J. Harms

Mailing Address 4550 River Trail Rd

JACKSONVILLE FL 32277

Title or Position CITY STATE ZIP CODE

Candidate Telephone number 904-244-9059

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 Charles Grant

Mailing Address 1638 PERSHING RD.

JACKSONVILLE FL 32205

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 904-388-1870

Full Name of Designated Agent TRAVIS B. HARMS Rd.

Mailing Address 5260 VASSAR

JACKSONVILLE FL 32207

Title or Position CITY STATE ZIP CODE

ASST. ~~TREASURER~~ CAMPAIGN MANAGER Telephone number 904-616-4516

20030853760

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.

Bank of America

Mailing Address

5858 ATLANTIC BLVD

JACKSONVILLE

FL

32207

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm P
 PREPARER

1-24-06
 DATE PREPARED

200609051702