## **STATEMENT OF**

FORM 1	ORGANIZA (See instructio			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Beaven for Co	ngress			
ADDRESS (number and s	PO Box 352084			
(Check if address is changed)	Palm Coast			32137 <sub>  2084  </sub>
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-  Info@BeavenForCor			
COMMITTEE'S WEB  (Check if address is changed)	PAGE ADDRESS (URL)  http://www.Beavenfo	orCongress.com		
2. DATE 0.4	/ D D / Y Y Y Y Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z			
3. FEC IDENTIFICA	TION NUMBER	C C00463778		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examined and Type or Print Name of	ned this Statement and to the best of my kno  Treasurer Douglas Gerard	-	and complete	
Signature of Treasurer	Electronically Filed by <b>Douglas C</b>	Gerard Beaven	Date 04	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may	y subject the person signing this St	·	
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202 604 1100	ssion	FEC FORM 1 (Revised 02/2009)

	FEC	C Form 1 (Revised 02/2009)	Page 2
5.		COMMITTEE (Check One) te Committee:	
	(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 information below.)	candidate
	Name of Candidat	Heather Maurine Beaven	
	Candidat Party Affi	DEM V V V V	State FL District 07
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidat	e	
	Party Co	(Alafanal Olala	
	(d)	(National, State  (This committee is a (or subordinate) committee of the	Democratic, Republican,etc.) Party.
	Political	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Labo	or Organization
		Membership Organization Trade Association Coo	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee. (i.e., nonconnected committee)	und or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	loint Eun	draising Representative:	
		1	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	C	committees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		EEC ID number	

	FEC Form 1 (Revised 02	/2009)			Pa	ge <b>3</b>
W	rite or Type Committee Name					
	Beaven for Congress					
6.	Name of Any Connected Org	ganization, Affiliated Committee, c	Joint Fundraising Repres	sentative, or Leade	rship PAC Spor	nsor
Ш	NONE			1 1 1 1 1		
						<u></u> 1
	Mailing Address					
		CITY▲		STATE A	ZIP COD	DE 📥
	Relationship:					
	Connected Organization	Affiliated Committee	Joint Fundraising Re	epresentative	Leadership PA	C Sponsor
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 Dougla	s Gerard Beaven				
	Mailing Address	P.O. Box 352084	l .			
		Palm Coast		FL	<b>32137</b> _	2084
	Title or Position ▼	CITY A		STATE	ZIP COL	DE A
	Treasurer		Telephone n	umber <b>386</b>	- <u>627</u> -	3376
8.	name and address of any	and address (phone number designated agent (e.g., assista	ant treasurer).	rer of the commi	itee; and the	
	Mailing Address	P.O. Box 35208	1			
		Palm Coast		FL	<b>32137</b> _	2084
	Title or Position ♥	CITY A		STATE	ZIP CO	DE A
	Treasurer		Telephone n	umber	627	3376

TEO FOILIT	Revised 02/2009)		Page 4		
Full Name of Designated Agent	Frank Daniel Karabassis				
Mailing Address	PO Box 4123				
	Enterprise		32725		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
De	puty Treasurer Tele	ephone number	6244454		
safety deposit boxes	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.  Suntrust Bank				
Mailing Address	100 Flagler Plaza Drive				
	Palm Coast				
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	CITY 🗖	FL STATE △	32137 _ 5966		
Name of Bank, Dep	CITY 🗖				
Name of Bank, Dep	CITY 🗖				
Name of Bank, Dep	CITY 🗖	STATE 4	ZIP CODE _		
l	CITY	STATE 4	ZIP CODE _		
l	CITY	STATE 4	ZIP CODE _		