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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE44NS

PAUL BARBUTTI ED & CONGRESS

ADDRESS (number and street)

P.O. BOX 12304

(Check if address
is changed)

FLA. STAFF

FL

33102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

enfc@barbutti.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.barbutti.com

COMMITTEE'S FAX NUMBER

928-123-5594

2. DATE

01 25 2004

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

John De Angelis, C.P.A.

Signature of Treasurer

Date

01 30 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-3530
Local 202-984-1164

FEC FORM 1
(Revised 02/2003)

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

PAUL GABBITI

Candidate Party Affiliation

DEM

Office Sought

House

Senate

President

State

AZ

District

01

- (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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

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 KATRINA ROBERS

Mailing Address PAUL BABBITT FIREWORKS

PO BOX 2354

FLAGSTAFF AZ 86002

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 928-213-9691

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 JOHN DE ANGELO SLOPA

Mailing Address PAUL BABBITT FIREWORKS

PO BOX 2354

FLAGSTAFF AZ 86002

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 928-213-9691

Full Name of Designated Agent KATRINA ROBERS

Mailing Address PAUL BABBITT FIREWORKS

PO BOX 2354

FLAGSTAFF AZ 86002

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 928-213-9691

5. 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.

TREASURY DOCUMENTS BANK

Mailing Address

22 EAST ARIZONA AVE

FLAGSTAFF AZ 86001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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<i>JAD</i>	<i>2/9/04</i>
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