

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION  
FEC FORM 1  
(revised 4/87)

|                                                                                                                                                 |  |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>First Florida Partners for Good Government, Inc.</b> |  | 2. DATE<br><b>2 Feb/93 9 55 AM '93</b>                                                                    |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed)<br><b>50 N. Laura St. (1114)</b>                |  | 3. FEC IDENTIFICATION NUMBER<br><b>C00216994</b>                                                          |
| (c) City, State and ZIP Code<br><b>Jacksonville, FL 32202</b>                                                                                   |  | 4. IS THIS STATEMENT AN AMENDMENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

## 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 | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (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 |
|---------------------------------------------------------------|------------------------------|--------------|
| SEE ATTACHED LIST                                             |                              |              |

## 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        | Mailing Address                                  | Title or Position |
|------------------|--------------------------------------------------|-------------------|
| Brian A. Babcock | 50 N. Laura St. (1114)<br>Jacksonville, FL 32202 | 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        | Mailing Address                                  | Title or Position |
|------------------|--------------------------------------------------|-------------------|
| Brian A. Babcock | 50 N. Laura St. (1114)<br>Jacksonville, FL 32202 | 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. | Mailing Address and ZIP Code           |
|--------------------------------|----------------------------------------|
| First Florida Bank, N.A.       | P.O. Box 31265<br>Tampa, FL 33631-3265 |

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 A. Babcock

SIGNATURE OF TREASURER

*Brian A. Babcock*

DATE

2/4/93

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 202-376-3120

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(revised 4/87)

| 6. | Name of Any Connected<br>Organization or Affiliated Committee | Mailing Address and<br>ZIP Code                  | Relationship                               |
|----|---------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| a. | First Florida Banks, Inc.                                     | P.O. Box 312265<br>Tampa, FL 33631               | Connected<br>(Corporation)                 |
| b. | Barnett Banks, Inc.                                           | P.O. Box 40789<br>Jacksonville, FL 32203         | Connected<br>(Corporation)                 |
| c. | Barnett People for Better<br>Government, Inc. - Federal       | 50 N. Laura St. (1114)<br>Jacksonville, FL 32202 | Affiliated<br>(Membership<br>organization) |

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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.

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DATE OF RECEIPT

2-5-93

☐ First Class Mail

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☐ Other (Specify):

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T.M.H.  
PREPARER

2-5-93  
DATE PREPARED