

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

04 SEP -7 PM 2:44

Office Use Only

MD

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Florida Senate Victory 2004

ADDRESS (number and street)

120 Maryland Avenue, NE

(Check if address is changed)

Washington

DC

20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 485 - 3120

2. DATE

09 07 2004

3. FEC IDENTIFICATION NUMBER

00399238

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 Susan Markham

Signature of Treasurer

Susan Markham

Date 09 07 2004

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)

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:	House	Senate	President	State District
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- (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

Florida Democratic Nominee _____

Mailing Address 120 Maryland Avenue, NE _____

Washington _____ DC _____ 20002 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

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 House Senate President State _____ District _____

- (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

Betty Cantor for US Senate _____

Mailing Address P.O. Box 18045 _____

Tampa _____ FL _____ 33679 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

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: House Senate President State _____ District _____

- (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

Democratic Senatorial Campaign Committee _____

Mailing Address 120 Maryland Avenue, NE _____

Washington _____ DC _____ 20002 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

Write or Type Committee Name

Florida Senate Victory 2004

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 Susan Markham

Mailing Address 120 Maryland Avenue, NE
Washington DC 20002

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 224 - 2447

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 Susan Markham

Mailing Address 120 Maryland Avenue, NE
Washington DC 20002

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 224 - 2447

Full Name of Designated Agent Darlana Setzer

Mailing Address 120 Maryland Avenue, NE
Washington DC 20002

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number 202 - 224 - 2447

Write or Type Committee Name

Florida Senate Victory 2004

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

Full Name of Designated Agent
Deborah Reed _____Mailing Address
P.O. Box 18045 _____

Tampa, FL 33679 _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer _____ Telephone number 813-837-4871

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

1730 15th Street, NW

Washington DC 20002

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-6322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 09-07-04
Date of Receipt

REGISTERED/CERTIFIED MAIL
Postmarked

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
 PRIORITY MAIL /WITH CONFIRMATION SHEET
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 AIRBORNE EXPRESS
Postmark

PRIORITY MAIL (NO CONFIRMATION)
Date of Receipt

FIRST CLASS MAIL
Date of Receipt

FAX
Date of Receipt

NO POSTMARK POSTMARK ILLEGIBLE

OTHER
Date of Receipt

RD 09-07-04
Preparer Date Prepared

