

2010 JUL 14 AM 11:33

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

Chris Nwasike for Congress

ADDRESS (number and street)

1093 N. Mc Duff Ave

☐(Check if address  
is changed)

Jacksonville

FL

32254

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

marcusbrooks1906@gmail.com

☒(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nwasikeforcongress.com

☐(Check if address  
is changed)

2. DATE

07 5 2010

3. FEC IDENTIFICATION NUMBER

C 00483735

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

Marcus Brooks

Signature of Treasurer

M. Brooks

Date

7/5/2010

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**Candidate 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 candidate information below.)

Name of  
Candidate**Chris Nwasike**Candidate  
Party Affiliation**REP**Office  
Sought:

House



Senate



President

State

**FL**

District

**03**

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) This committee is a \_\_\_\_\_ (National, State 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

Labor Organization

Membership Organization

Trade Association

Cooperative

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 fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.

FEC ID number C

2.

FEC ID number C

3.

FEC ID number C

4.

FEC ID number C

10030364926

Write or Type Committee Name

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC 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 **Marcus Brooks**Mailing Address **P.O. Box 62122****Jacksonville****FL****32208**

Title or Position

CITY

STATE

ZIP CODE

**Campaign Manager**Telephone number **904 655 4758****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 **Marcus Brooks**Mailing Address **P.O. Box 62122****Jacksonville****FL****32208**

Title or Position

CITY

STATE

ZIP CODE

**Manager/treasurer**Telephone number **904 655 4758**

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Full Name of  
Designated  
Agent

Mailing Address

	CITY	STATE	ZIP CODE
Title or Position			
	Telephone number		

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.

Wachovia Bank, a Wells Fargo Company

Mailing Address 380 S. Edgewood Ave

Jacksonville FL 32254

CITY	STATE	ZIP CODE
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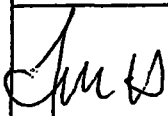
Name of Bank, Depository, etc.

Mailing Address

CITY	STATE	ZIP CODE
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10030364928

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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<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/13/10
<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
 PREPARER	7/14/10 DATE PREPARED

(3/2005)

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