

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Friends of Jennifer Carroll

ADDRESS (Home or street) P. O. Box 440462

(Check if address is changed) Jacksonville FL 32222

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JC@FriendsOfJenniferCarroll.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

FriendsOfJenniferCarroll.com

M M / D D / Y Y / Y Y

2. DATE

3. FEC IDENTIFICATION NUMBER C00346056

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 Nolan A. Carroll

Signature of Treasurer Electronically Filed by Nolan A. Carroll Date 08 / 08 / 2002

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 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FORM 1
(Revised 1/2001)

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 Jennifer S. Carrill

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	FL
						District	3

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

Friends of Jennifer Carroll

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 Nolan A. Carroll

Mailing Address P.O. Box 440462

	<u>Jacksonville</u>	<u>FL</u>	<u>32222</u> - <u> </u>
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		Telephone number <u>904</u> - <u>233</u> - <u>5562</u>	

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 Nolan A. Carroll

Mailing Address P.O. Box 440462

	<u>Jacksonville</u>	<u>FL</u>	<u>32222</u> - <u> </u>
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		Telephone number <u>904</u> - <u>233</u> - <u>5562</u>	

Full Name of Designated Agent _____

Mailing Address _____

	_____	_____	_____ - _____
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
_____		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.

SouthTrust Bank

Mailing Address

5000-70 Hwy 17 South

Orange Park

FL

32003 -

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Wachovia Bank

Mailing Address

100 N. Main Street

Winston-Salem

NC

27150 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____