

Office DEPOT**FAX TRANSMISSION***Taking Care of Business*TO: Mrs Hampton FECFROM: Joe CantrellFAX
NUMBER: 1-202-219-3723SENDER'S
PHONE #: _____DATE: 7-30-10# OF PAGES: 4CUSTOMER'S NOTES: Can't seem to get it mailed after 3 tries**OFFICE DEPOT'S TERMS OF USE**

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CUSTOMER SIGNATURE (REQUIRED): _____

STORE INFORMATION

Office Depot #2168
4930 Highway 90
Pace, FL 32571

Phone: (850) 995-1869
Fax: (850) 995-4505

RECEIVED
FEDERAL ELECTION
COMMISSION
2010 JUL 30 PM 4:59
OFFICE OF GENERAL
COUNSEL

THANK YOU FOR USING OFFICE DEPOT'S CUSTOMER FAX SERVICESFirst Page
Local FaxAdditional
Local FaxFirst Page
Long Distance FaxAdditional
Long Distance FaxFirst Page
International FaxAdditional
International Fax

833-071



458-687



833-081



833-091



833-191



833-201

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sent 6-17-10 MINA 6302 Office of Gen. Counsel
 topics sent again 7-16-10 To: Mrs. Hampton
 FEC Attn: Mrs Hampton
 999 E. St. N.W. Washington DC
 20543

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <u>Joseph Henry Cantrell Jr.</u>		2. Candidate's FEC Identification Number	
(b) Address (number and street) <u>5032 Chumuckla Hwy.</u>			
(c) City, State, and ZIP Code <u>PAAC, FLA 32571</u>		3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <u>IND.</u>		5. Office Sought <u>House of Representatives FLA Dist one</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee or the 2010 election(s).
 (year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Joseph Henry Cantrell Jr. Doctor-Langress</u>	
(b) Address (number and street) <u>5032 Chumuckla Hwy.</u>	
(c) City, State, and ZIP Code <u>PAAC, FLA 32571</u>	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidate.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State, and ZIP Code	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>Manuel</u>	Date <u>6-17-10</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to penalties of 2 U.S.C. 5437g.

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FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Joseph Henry Cantrell, Jr. Trust for Legacy

ADDRESS (number and street)

5032 Chumuckla Hwy

(Check if address
is changed)

P.O. Box 132571

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

JH.Cantrell.Jr@Yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

RetiredForLegacy.com

2. DATE

06' 17' 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

JH Cantrell Jr

Signature of Treasurer

JH Cantrell Jr

Date

06' 17' 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 987g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information use the
Federal Election Commission
Web Page 202-438-6000
Local 202-694-1120FEC FORM 1
(Revised 08/2009)

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FEC Form 1 (Revised 09/2008)

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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

JH Carter, Jr., LLT

Candidate Party Affiliation

IND

Office Sought:

X

House

Senate

President

State

F1

District

01

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

Name of Candidate

Party Committee:

- (a) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (a) ☐ This committee is a separate segregated fund. (Identify connected organization as line 6.) Its connected organization is a:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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

- (b) ☐ 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:

- (a) ☐ 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.
- (b) ☐ 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

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FEC Form 1 (Revised 08/2008)

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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

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

10044282573