

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Lake County Republican Party

ADDRESS (number and street)

PO Box 1160

(Check if address is changed)

Tavares

FL

32778

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@lakecountyrepublicans.org

Optional Second E-Mail Address

info@lakecountyrepublicans.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

lakecountyrepublicans.org

2. DATE

08 / 11 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C C00623710

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 Andy Dubois

Signature of Treasurer *Andy Dubois*

[Electronically Filed]

Date

08 / 26 / 2016

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 06/2012)

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 _____

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 _____

Party Committee:

- (d) This committee is a SUB (National, State or subordinate) committee of the REP (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 _____

Write or Type Committee Name

Lake County Republican Party

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

REPUBLICAN PARTY OF FLORIDA

Mailing Address 420 E. JEFFERSON STREET

TALLAHASSEE

FL

32301

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 Walter Price

Mailing Address 1402 Cove Pl

Tavares

FL

32778

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number 352 - 408 - 6479

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 Andy Dubois

Mailing Address 22011 Breezy Oak Drive

Howey in the Hills

FL

34737

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 352 - 874 - 5084

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

[Grid for Telephone number]

[Grid for 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.

United Southern Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

2701 S. Bay St.

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Eustis

[Grid for Mailing Address Line 3]

FL

[Grid for Mailing Address Line 4]

32726

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Statement of Organization amended in response to letter from Jack Baisden 8/24 asking to confirm our organization is in fact not affiliated with RPOF. Today's amended report makes the correction that we are in fact affiliated with the RPOF. Also, treasurer phone number was corrected by adding this missing last digit of the phone number.

Form/Schedule:
Transaction ID: