Greg S. Marr
910 Brookwood Drive
Tallahassee, FL 32308
(850) 570-2752

Federal Elections Commission
999 East Street, N. W.
Washington, D.C. 20463

Greetings:

Please find enclosed our new Statement of Organization as a party committee.

Please note the postmark date of June 24, 2011, on the Overnight Mail envelope indicating timely filing.

We look forward to hearing back from you with our FEC Identification Number.

Thank you for your attention to these matters.

Sincerely,

Greg S. Marr
Treasurer,
Leon County Republican Executive Committee

Enclosure

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

Leon County Republican Executive Committee

ADDRESS (number and street)

☐ (Check if address is changed)

P. O. Box 11216

Tallahassee | FL | 32302 |-

CITY · STATE · ZIP CODE

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

☐ (Check if address is changed)

gregsmarr@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.leongop.com

2. DATE   06 / 14 / 2011

3. FEC IDENTIFICATION NUMBER   C

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   **Greg S. Marr**

Signature of Treasurer _____   Date   06 / 24 / 2011

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 02/2009) |

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 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

Leon County Republican Executive Committee

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

Republican Party of Florida

Mailing Address   P. O. Box 311

Tallahassee   FL   32302 -

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   Greg S. Marr

Mailing Address   910 Brookwood Drive

Tallahassee   FL   32308 -

Title or Position   CITY   STATE   ZIP CODE

Treasurer   Telephone number   850 - 570 - 2752

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   Greg S. Marr

Mailing Address   910 Brookwood Drive

Tallahassee   FL   32308 -

CITY   STATE   ZIP CODE

Title or Position

Treasurer   Telephone number   850 - 570 - 2752

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.

[Capital City Bank _____]

Mailing Address [1801 Apalachee Parkway _____]

[_____]

[Tallahassee _____] [FL] [32301]-[____]

CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

[_____]

Mailing Address [_____]

[_____]

[_____] [__] [_____]-[____]

CITY   STATE   ZIP CODE