FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2014 JUL 17 AMII: 17 5 OTTRO MARCHIN CENTER					
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FĚ4M5					
Leon Gount	Leon Country Republican Executive Committee L						
ADDRESS (number and street) POBOX 11216							
(Check if address is changed)							
	$T_{\alpha} _{\alpha} _{\alpha} _{\alpha} _{S} _{C(\alpha)} _{C($	FIL 32,3,0,2 L <thl< th=""> L <thl< th=""> <thl< th=""> L <thl< <="" td=""></thl<></thl<></thl<></thl<>					
COMMITTEE'S E-MAIL ADDR	RESS						
(Check if address is changed)	hal aqin 194000 mcast.						
	Optional Second E-Mail Address						
COMMITTEE'S WEB PAGE A (Check if address is changed)							
2. DATE 0.1 (0.8 (2.0.14)							
3. FEC IDENTIFICATION NUMBER > COULT 9, 79, 9, 0							
4. IS THIS STATEMENT							
I certify that I have examined	I this Statement and to the best of my knowledge and belief it	t is true, correct and complete.					
Type or Print Name of Treasurer Kathryn Parker							
Signature of Treasurer Katturger Parker Date 01 (08)							
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 Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100						

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	COMMITTEE		· · · · · · · · ·
Candidate	e 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 Affiliat	tion Office Sought: House Senate	President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authori	ized committee.	
Name of Candidate			
Party Cor	mmittee:		
(d)	This committee is a SULD (National, State or subordinate) committee of the	R.c.p	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organizatio	n on line 6.) Its c	onnected organization is a
	Corporation Corporation w/o Capital S	tock	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 the committee. (i.e., nonconnected committee)	NOT a separate	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 6.)	
Joint Fund	draising Representative:		

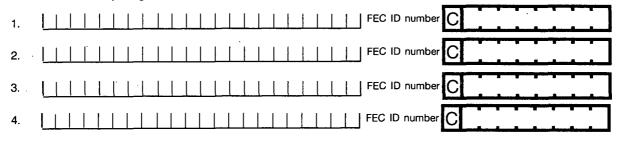
(g)

(h)

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.

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

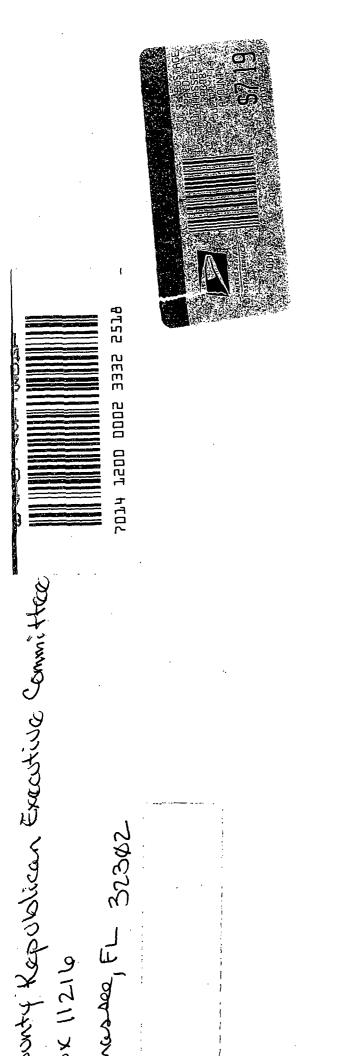


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Write or Type Committee Nar	le .				
Leon County Republican Executive Committee					
	Organization, Affiliated Committee, Joint Fundraising Representation				
R					
Kelpiuldilican	Marty 1012 FUDridal 1				
Mailing Address	190 BOX 3111 1111111				
	Tallandssal	32302-			
	CITY STATE				
Relationship: 🔲 Connect	ed Organization XAffiliated Committee Joint Fundraising Represe				
		Leadership PAC Sponsor			
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of th	e person in possession of committee			
Full Name	hryn Parkan				
Mailing Address	12382 Had Ley Crossing Court				
	Trailinghassian FL	$\frac{32309}{1}$			
Title or Position	CITY STATE	ZIP CODE			
Tragsura	Telephone number	850-546-3921			
8. Treasurer: List the name a any designated agent (e.g.	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	tee; and the name and address of			
Full Name of Treasurer	hryn Parkar				
Mailing Address	2382 Hadley Crossing Court				
	TTIGH AMAISSKALLI FIL	1 1323091-			
	CITY STATE				
Title or Position	· • • • • • • • • • • • • • • • • •	RENLEILA RONI			
Γ	Telephone number	1501-5662-6921			
L		L_			

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	Full Name of Designated Agent			
	Mailing Address			
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	1.801 Apalachee Parkway		
		trallahassae FY 323611-LI		
		CITY STATE ZIP CODE		
	Name of Bank, D	Depository, etc.		
	Mailing Address			
		CITY STATE ZIP CODE		

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Federal Elections Commission 999 E Street NW Mashington, DC 20463

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
gy -	7/17/14
PREPÄRER (8/2013)	DATE PREPARED

1403-127-0180