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STATEMENT OF **ORGANIZATION**

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1011111						Office Use Only
1. NAME OF COMMITTEE (in f	iull)	(Check i is chang		Example: If typing, type over the lines.	12FE4M5	5
John Şawye	er for (Congres	s <u> </u>	1111111	1111	
<u> </u>	<u> </u>	1340 Ro	ck Do	ve Ct.		
ADDRESS (number and	l street)	144				
(Check if address is changed)		Punta G	orda		FL	33950
			C	СПУ	STATE	ZIP CODE
COMMITTEE'S E-MAIL	_ ADDRESS	(Please provide	only one e-	mail address)		
- (Obselv % o	44	jwsawye	er88@	gmail.com	1111	
(Check if a is changed)						
COMMITTEE'S WEB F	AGE ADDR		ww sav	wyęr2014.com	1	1
(Check if ac is changed)						
2. DATE 01™	6	2014	• v			
3. FEC IDENTIFICA	ATION NUM	IBER	c 00	506998		·
4. IS THIS STATEM	ENT	NEW (N)	OR	AMENDED (A)		,
I certify that I have ex	amined this	Statement and	to the best	of my knowledge and belief	it is true, correc	t and complete.
Type or Print Name of	Treasurer	Reba N	I. Saw	yer		
Signature of Treasurer	Re	ba N. e	Saury		Date 01	⁶ ′ 06° ′ 2014 ′
NOTE: Submission of fa		•		nay subject the person signing	=	the penalties of 2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	e Committee:	
(a)	\times	This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
-	ne of didate	John,W.,Sawyer III,	
	didate y Affiliat	on Rep Office Sought: X House Senate President	State FL District 19
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee	
	ne of didate		
Par	ty Cor	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	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
			·
(f)		In addition, this committee is a Lobbyist/Registract PAC. 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.)	
Joir	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a fadoral candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
	Com	nmittees Participating in Joint Fundraiser	
	Ooli		e e e e e e e e e e e e e e e e
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	2.	FEC ID number C	
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FEC Form 1 (Revised 02/2009)	Page 3							
Write or Type Committee Name								
John Sawyer for Congress								
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Le	adership PAC Sponsor							
	<u> </u>							
Mailing Address								
	<u> </u>							
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.								
Reba N. Sawyer	1							
1340 Rock Dove Ct	<u> </u>							
Mailing Address								
	2050							
Punta Gorda 1	3950							
Title or Position CITY STATE	ZIP CODE							
Treasurer 1220	1 1000 1 15543 1							
Treasurer 239	<u> </u>							
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and t	the name and address of							
any designated agent (e.g., assistant treasurer).	no name and addition of							
Full Name Reba N. Sawyer	1							
of Treasurer 1340 Rock Dove Ct.								
Maining Address								
1144								
	3950							
CITY STATE Title or Position	ZIP CODE							
Treasurer 1239	_ [989,							

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address

CITY

STATE

ZIP CODE

STATE

ZIP CODE

CITY

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