

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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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)

PO Box 11216

(Check if address  
is changed)

Tallahassee

FL

32302

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

chairman@leongop.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.leongop.com

2. DATE

07 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C00497990

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

Jennings DePriest

Signature of Treasurer

Date

07 / 01 / 2015

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  
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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 \_\_\_\_\_

2009-02-02 10:00:00

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 PO 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 Jennings DePriest  
Mailing Address PO Box 11216  
Tallahassee FL 32302  
CITY STATE ZIP CODE

Title or Position  
Treasurer 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 Jennings DePriest  
Mailing Address PO Box 11216  
Tallahassee FL 32302  
CITY STATE ZIP CODE

Title or Position  
Treasurer Telephone number

1107071-000 UNO UNO 000 UNO UNO

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]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

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.

Capital City Bank

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

Mailing Address

1801 Apalachee Parkway

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Tallahassee

[Grid for Mailing Address Line 3]

FL

[Grid for Mailing Address Line 3]

32301

[Grid for Mailing Address Line 3]

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 3]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

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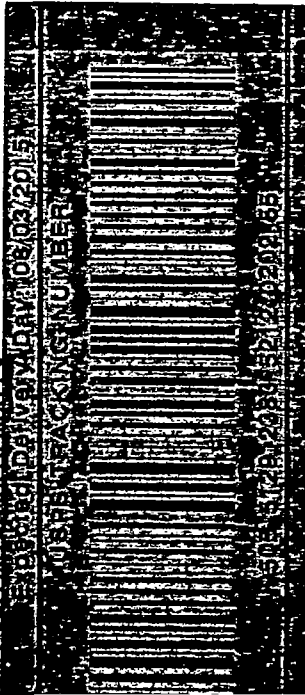
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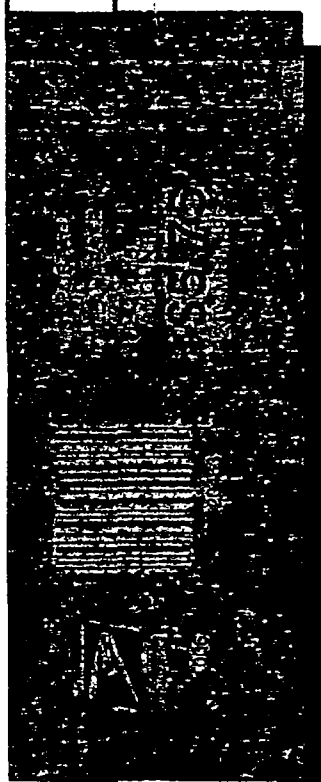


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EPI4F July 2013

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PREPARER

8/5/15  
DATE PREPARED

2015-08-05 10:00:00 AM