FEC FORM 1		STATEM ORGANI				RECEIVED FEC MAIL CENTER 2017 JAN 23 PM 12: 01 Office Use Only	
1. NAME OF COMMITTEE (ir	full)	(Check if name is changed)		ple:If typing, type the lines.		in a land land land land	
	11th Congressional District Republican Party						
ADDRESS (number a	ADDRESS (number and street)						
(Check if an is changed)		yson City		└╴┼╺╌┟╌╎╌┼╶┼╶┤ ╽╴╷ _{┙┙} ╢┈╿╶┽╴┨╴┨	NC	28713 1963	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	address	·		ress) /ahọọ.com	1 I I		
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)							
2. DATE 10 27 2016							
3. FEC IDENTIFI	CATION NUMBE	a C	0016	65142	-		
4. IS THIS STATE		IEW (N) OF		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 Lindu C. Guin Signature of Treasurer X Date 10° / 21° / 2016 Resent 01)16/2011							
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 c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC Form 1 (Revised 02/2009)

5.	TYPE	OF CO	DMMITTEE								
	Cano	lidate	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 Candi										
	Candi Party	date Affiliatio	n Office Sought: House Senate President District								
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi										
	Part	y Com	mittee:								
	(d)	\boxtimes	This committee is a SUB (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party.								
	Polit	ical A	ction Committee (PAC):								
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:								
	• •	ليسم	Corporation Corporation w/o Capital Stock Labor Organization								
			Membership Organization 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	Fund	raising 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.									
		1.									
		2.									
		3.									
		4.									

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Write or Type Committee Name						
11th Congressional District Republican Party						
6. Name of Any	Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
Mailing Addre	ss					
		Bryson City NC 28713	1963			
		CITY STATE ZI	CODE			
Relationship:	Connected	d Organization Affiliated Committee	rship PAC Sponsor			
7. Custodian of books and rea		ntify by name, address (phone number optional) and position of the person in posses	ssion of committee			
Full Name	David	A. Sawyer				
Mailing Addre	ss	P O Box 1927	<u> </u>			
		Bryson City NC 28713	1927			
Title or Positi	on	CITY STATE ZI	CODE			
District	Chairman	Telephone number 828 - 488	2842			
		d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
Full Name of Treasurer	Linda	G. Dahl				
Mailing Addre	ss .					
Title or Positi		Bakersville CITY STATE ZI	• CODE			
		Telephone number 828 1385	0365 , 			

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Patricia G. Chambers		
Mailing Address	1,3,30 E I I Ridge		
	Glenville city		2,8736 -
Title or Position	n, t, T, r,easur,e,r	lephone number	28 - 508 - 0,1,2,0
		the committee deposits	funds, holds accounts, rents
	United Community Bank		
Mailing Address	PO Box 1939		<u>E. J. J.</u>
	Bryson City	NC	28713 _ 1939
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		<u></u>	
Mailing Address			I
		<u> </u>	
	CITY	STATE	ZIP CODE

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