

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2018 JUN 22 AM 11:44

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JANOWSKI FOR SENATE CAMPAIGN

ADDRESS (number and street)

4130 DESOTA AVE

(Check if address
is changed)

FORT MYERS

CITY ▲

FL

STATE ▲

33916-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

EDWARD.JANOWSKI@JANOWSKIFORSENATE2

Optional Second E-Mail Address

~~EDWARD.JANOWSKI@JANOWSKIFORSENATE2~~.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.JANOWSKIFORSENATE2018.COM

2. DATE

06 / 09 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C00677211

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

BEVERLY MORRIS

Signature of Treasurer

Beverly Morris

Date

06 / 19 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

201806220200477171

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 EDWARD J. JANKOWSKI

Candidate Party Affiliation NON Office Sought: House Senate President State FL 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 _____ (National, State or subordinate) committee of the _____ (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 | <u>C</u> _____ |
| 2. | _____ | FEC ID number | <u>C</u> _____ |
| 3. | _____ | FEC ID number | <u>C</u> _____ |
| 4. | _____ | FEC ID number | <u>C</u> _____ |

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Write or Type Committee Name

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

Grid lines for name entry

Mailing Address

Grid lines for mailing address, city, state, and zip code

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

BEVERLY MORRIS

Mailing Address

PO BOX 50062

Grid lines for address continuation

FORT MYERS FL 33994

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 239-560-1236

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

Grid lines for treasurer name

Mailing Address

Grid lines for treasurer address

Grid lines for address continuation

Grid lines for city, state, and zip code

CITY

STATE

ZIP CODE

Title or Position

Grid lines for treasurer title

Telephone number

201606220200477173

Full Name of Designated Agent

CHARLES MILLER

Mailing Address

1777 SE 36TH TERRACE

OKCHIECHOBEE FL 34974-

CITY

STATE

ZIP CODE

Title or Position

MANAGER

Telephone number

863-801-1789

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.

CHASE BANK

Mailing Address

1499 COLONIAL BLVD

FORT MYERS FL 33907-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201006220200477174

201806220200477175

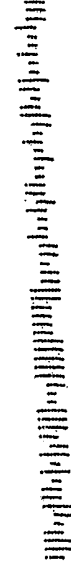
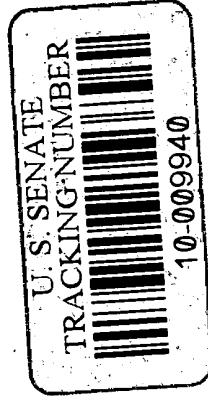
Jaworski For Senate Campaign
R.O. Box 62603
Fort Myers, FL 33906



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United States Senate

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6/18/18
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USPS EXPRESS MAIL _____
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OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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Date of Receipt

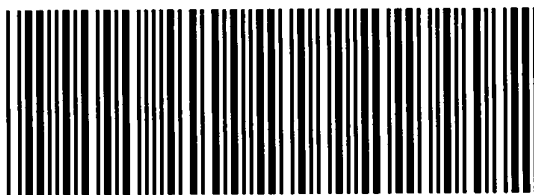
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Date of Receipt or Postmark

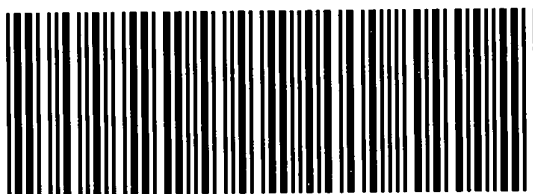
PREPARER BP DATE PREPARED 6/22/18

201806220200477176



SEN PATCH

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