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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

CLUB FOR CONGRESS

ADDRESS (number and street) 424 SW 35TH STREET

(Check if address is changed)

CAPE CORAL FL 33914

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JGREEN416@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

239-541-3644

2. DATE 09 08 2003

3. FEC IDENTIFICATION NUMBER IC

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 John Greenwell

Signature of Treasurer [Signature] Date 09 10 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9407. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

03 09 08 11 28 11 28 11 28

5. TYPE OF COMMITTEE (Check One)

- (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 A N D Y C O Y

Candidate Party Affiliation REP Office Sought  House  Senate  President State IL District 14

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

COY FOR CONGRESS

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 JOHN GREENWELL

Mailing Address 424 SW 35TH STREET

CAPE CORAL FL 33914

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 239-542-4001

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 JOHN GREENWELL

Mailing Address 424 SW 35TH STREET

CAPE CORAL FL 33914

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 239-542-4001

Full Name of Designated Agent STEVE TACKITT

Mailing Address 5143 ANCHORAGE WAY

FORT MYERS FL 33908

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 239-872-3263

5k Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents estate deposit boxes or maintains funds.

Name of Bank, Depository, etc.

RIVER SIDE BANK OF THE GULF COAST

Mailing Address

PO BOX 150159

CAPE CORAL FL 33915-0159

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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