RECEIVED FEC LAIL CENTER 2015 AUG 31 AM 8: 24 MITINS (ARCIANA Mongeon IN DESPONSE TO YOUR LETTER (COPY ENCLOSED) AM SENDING INFORMATION (PARAGE APH 1) & MY CAMPBIGN DEPOSITORY AS REQUESTED 05 IN Prosponse to Porngraph 2, I have no EMAIL Account and Would like To EUE AL INCOMPTER by U.S. MOIL MH CM COONDAM

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FEDERAL ELECTION COMMISSION WASHINGTON, D.C. 20463

August 11, 2015

Response Due Date

09/15/2015

T BEN SMITH, TREASURER T BEN SMITH FOR PRESIDENT 1663 MAIN STREET LAWTEY, FL 32058

IDENTIFICATION NUMBER: C00581900

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the filing referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. Additional information is needed for the following $\underline{2}$ item(s):

1. Your committee failed to designate a campaign depository on Line 9. Please be advised that each registered political committee must designate a campaign depository or depositories. The committee must maintain at least one checking account or transaction account at one of the depositories. Please amend your Statement of Organization (FEC Form 1) to disclose the committee's depository. (11 CFR § 102.2(a)(1)(vi) and 11 CFR §103.2)

2. Your Statement of Organization (FEC Form 1) does not include an email address for your committee. The Federal Election Commission sends all courtesy mailings exclusively by electronic mail. Reporting reminders and mailings concerning changes in the law are no longer sent to committees by U.S. mail. In addition, mandatory electronic filers are required to provide an electronic mail address, if such an address exists. (11 CFR §102.2(a)(1)(vii) and (viii)) Please amend your Statement of Organization to disclose a current email address.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an

T BEN SMITH FOR PRESIDENT

Page 2 of 2

enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1138.

Sincerely,

CarolinaSmongeon

Carolina Mongeon Senior Campaign Finance Analyst Reports Analysis Division

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FEC FORM 1	STATEMEN ORGANIZA		FEC RECEIVED FEC MAIL CENTER 2015 AUG 31 AM 8: 25 Ottice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
T BEN SIMT	TH FOR PRES	SITIDE NT.	<u>. i i i i i i i i i i i i i i i i i i i</u>
			k <u>. / . iv. ; . i . ut i . u</u> t.
ADDRESS (number and street)	1663 WAIN	STREET	
i 🕈 is changed)			FL 32056 - STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
2. DATE 07	3 2015		
3. FEC IDENTIFICATION I		n an	
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 i	it is true, correct and complete.
Type or Print Name of Treasu	rer T. BEN	SMITH	<u></u>
Signature of Treasurer	J. Bend	Atime	Date 077 13 2015
NOTE: Submission of false, erro		may subject the person signing ION SHOULD BE REPORTED	g this Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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			n 1 (Revised 02/2009)	Page 2				
5.								
			e Committee:					
	(a)	f	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. (Comple information below.)	te the candidate				
	Name Candi		THOMAS BENJAMIN SMITH					
	Cand Party	idate Affiliatio	n CHR Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand							
	Part	y Com	mittee:	· ·				
	(d)			emocratic, publican, etc.) Party.				
	Poli	tical Ac	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:				
	,		Corporation	abor Organization				
	P	14	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 segre committee. (i.e., nonconnected committee)	egated fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Join	t Fund	raising Representative:					
J/L	(g)	يود مور م الهي ورا	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
Phil	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
		Com	mittees Participating in Joint Fundraiser					
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FEC Form 1 (Revised	d 02/2009)		Page 3
Write or Type Committee Nar	ne NHA	······································	******
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor
Mailing Address			
· \ ₩		STATE	ZIP CODE
Relationship:	ted Organization	Joint Fundraising Representativ	e 📜 Leadership PAC Sponsor
Custodian of Records: Ic books and records.	dentify by name, address (phone number op	ptional) and position of the pers	on in possession of committee
Full Name	MAS BENJAMIN S.	シモノ	
Mailing Address	1663 MAIN STRE		<u>Li</u>
	LAWTEY	E.L	13.2.05.81-1
Title or Position	CITY	STATE	ZIP CODE
CANDIDAT	E/ CUSTOPIAN	Telephone number 🥂 🖓 💭	4-452-1137
 Treasurer: List the name any designated agent (e.g 	and address (phone number optional) of th j., assistant treasurer).	e treasurer of the committee; a	nd the name and address of
Full Name of Treasurer	MAS BENJAMIN SI	n T T H	
Mailing Address	1663 MAIN STRE	<u>e</u> .î	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LAWTEY.	STATE	3:2:0:5:8
Title or Position	6 TREASURER	_	14-452-1137

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	THOM	AS BENJTAMEN	S:MITH:		
Mailing Address					
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		LAWTE Y		FL STATE	<u>β.2.0.5.%</u>]-
Title or Position		[A.G.E.D.T.	Telephone nur	nber <u>P.(</u>	<u>0 41 - 14:52 - 11 (31)</u>
 Banks or Othe safety deposit t 		es: List all banks or other depositor tains funds.	es in which the commit	tee deposits	funds, holds accounts, rents
Name of Bank,			NION		
Mailing Address			UT, STREE		· · · · · · · · · · · · · · · · · · ·
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		ISTARKE	<u> </u>	FL	B20911-1
		CITY		STATE	ZIP CODE
Name of Bank,	Depository,	etc.			
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Mailing Addres	s	Li		<u></u>	
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		CITY		STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** 15 XI 31 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt Received from Senate Public Records Office Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)