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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sigsby, Robert Wayne 1058 Dowagiac Ave. ADDRESS (number and street) (Check if address is changed) Mount Morris 48458 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS waynethecarpenteriflwaspresident@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00575720 FEC IDENTIFICATION NUMBER > 3. X 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. Robert Wayne Sigsby Type or Print Name of Treasurer Robert Wayne Sigsby [Electronically Filed] 04 10 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE	OF C	OMMITTEE	
Cand	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. (Compinformation below.)	elete the candidate
Name Candid		Robert Wayne Sigsby	
Candid Party /		on IND Office Sought: House Senate X President	State
rarry 7	Timati	Godgitt. Flouse Golfate 7. Flosidetit	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candic			
Party	Com	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint	Fund	raising Representative:	
(g)		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.	o or more political
(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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

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Write or Type Committee Nar		
Sigsby, Rober	t Wavne	
	I Organization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
	Wayne Sigsby	
Full Name	1058 Dowagiac Ave.	
Mailing Address		
	Mount Morris , MI	, ,48458 , ,
Title or Position	CITY STATE	ZIP CODE
Treasurer		810 - 618 - 5718
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	ee; and the name and address of
	Vayne Sigsby	
of Treasurer	1058 Dowagiac Ave.	
Mailing Address		
	Mount Morris MI	48458
Title or Position Treasurer	CITY STATE	ZIP CODE 810 618 5718
	Telephone number	

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position						
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. Huntington National Bank						
Mailing Address	1318 E. Bristol Rd.					
	Burton MI 48529					
	CITY STATE	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address		1				
Maning Addiess						
Mailing Addiess						
Mulling Addiess						