Only

## STATEMENT OF

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FEC FORM 1		_	RGAN									Office	Use Or	nly		
1. NAME OF COMMITTEE (ir	n full)		Check if names changed)		mple:If ty		ре		2F	E4M						
Hyde for Co	ongre		_ ,													
ADDRESS (number a	nd street)	6948 Sho	otgun Drive													
(Check if a	address		1 1 1 1 1			1 1	1 1		ı	1 1	ı	1 1	1 1	1 [		
is changed	1)	Sarasota							FĻ	1	3	4240		1-1		
		Cl	TY▲					5	STATI				ZI	P CC	DDE 🛦	<b>\</b>
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if a is changed		saraso	taeagle@gi	mail.com												
			Second E-Ma taeagle@		<b>1</b>											
COMMITTEE'S WEB  (Check if a is changed	address		RL)	om 												
2. DATE 0	M / D	D / Y	2021													
3. FEC IDENTIFIC	CATION N	JMBER <b>&gt;</b>		C0077552	8											
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R	AME	NDED	(A)									
I certify that I have e	examined t	nis Stateme	nt and to the	best of my	knowledge	and b	elief i	it is t	rue,	corre	ct ar	nd co	mplete	).		
Type or Print Name	of Treasure	r hyde, ma	artin, edward, ,													
Signature of Treasure	er <i>hyde</i> ,	martin, edwa	rd, ,		[Electronic	cally File	e <b>d]</b>	Da	te	М	11	/	16	/ <u></u>	202	22
NOTE: Submission of	false, erron		omplete inform ANGE IN INFO	-			-					e per	alties	of 52	U.S.C	). §30109
Office Use					For furthe Federal El-	ection Co	ommiss		ct:				EC F			

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2						
	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 information below.)	candidate						
	Name of Candidate Hyde, Martin, , Mr,							
	Candidate Party Affiliation REP Sought: House Senate President	State FL District 16						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	10						
	Name of Candidate							
	Party Committee:							
	(d) This committee is a (National, State or subordinate) committee of the Republican, or	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 Org	ganization						
	Membership Organization Trade Association Cooperati	ve						
	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 committee. (i.e., nonconnected committee)	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.)							
	(g) This committee is an independent expenditure-only political committee (Super PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	<b>)</b> ).						
	In addition, this committee is a Lobbyist/Registrant PAC.							
	Joint Fundraising Representative:							
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political						
	(j) 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. C							
	C							

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٧	Write or Type Committee Name				. 490 🗸	
	Hyde for Congi	ess				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC SINONE						
	Mailing Address					
				1 1	1 1	
		OITY	OT#T		7ID 00D5 A	
		CITY ▲	STAT	E <b>A</b>	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	esentative L	eadership PAC Sponso	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optio	nal) and position of the p	erson in possessi	on of committee	
	hyde, martii	n, edward, mr,				
	Full Name					
	Mailing Address	6948 Shotgun Drive				
		SARASOTA	FL.	34240		
		CITY ▲	STAT	E▲	ZIP CODE ▲	
	Title or Position ▼					
	custodian		Telephone number	941 - [	323 – 2289	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the address treasurer).	e treasurer of the comn	nittee; and the na	me and address of	
	Full Name hyde, martii	n, edward, ,				
	of Treasurer					
	Mailing Address	6948 Shotgun Drive				
		SARASOTA	FL FL	34236		
	Title or Position ▼	CITY ▲	STAT	E▲	ZIP CODE ▲	
			Telephone number	941 –	323 2289	

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Full Name of Designated Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in waintains funds.	hich the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depository	, etc.		
Bank	of America		
Mailing Address	3930 Cattlemen Road		
	Sarasota	FL L	34233
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲