FEC FORM 1		STATEMEN ORGANIZA		Office L	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Jeff George	For F	President			
		1722 Hancock Bridge Pkwy			
ADDRESS (number and					
(Check if ac is changed)					
		Cape Coral		FL 33990	
		CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAI	L ADDRES	SS			
(Check if ac is changed)	ddress	JeffGeorge4President@	lgmail.com		
<b>.</b> .		Optional Second E-Mail Add	Iress		
(Check if ac is changed)					
2. DATE 02		D / Y Y Y Y 2016			
3. FEC IDENTIFICA	ATION NU	MBER ► C co	00608653		
4. IS THIS STATEMI	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined th	s Statement and to the best	of my knowledge and belief i	t is true, correct and con	nplete.
Type or Print Name of	f Treasurer	Jeff George			
Signature of Treasurer	Jeff G	vorge	[Electronically Filed]	Date 02	09 / Y Y Y Y 2016
NOTE: Submission of fa		ous, or incomplete information			alties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion FC	C FORM 1 evised 06/2012)

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	FE	EC For	rm 1 (Revised 02/2009) Page 2
			OMMITTEE
	Cand	lidate	Committee:
	(a)	X	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 Candic	•••	Jeff George
	Candic	date Affiliatio	on NPA Office State Senate X President
	Faily /	Annan	on NPA Sought: House Senate X President District
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candic		
	Party	/ Com	imittee:
	(d)		This committee is a(National, State or subordinate) committee of the(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 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	Fund	raising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

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Write or Type Committee Name

## Jeff George For President

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

Mailing Address			
	CITY	STA	TE ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC Sponso

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jeff Georg	e
Full Name	
Mailing Address	1722 Hancock Bridge Pkwy
	Cape Coral      FL      33990        -      -      -      -
Title or Position	CITY STATE ZIP CODE
	239   851   9854

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	Jeff George
Mailing Address	1722 Hancock Bridge Pkwy
	Cape Coral      FL      33990      -
	CITY STATE ZIP CODE
Title or Position	
	Telephone number

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Full Name of Designated Agent																				1			I		1			_
Mailing Address																												
		L				1																						
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

	Bank of America	
Mailing Address	S, 909 Del Prado Blvd	
	Cape Coral	FL 33990
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE