**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andrew Smyth for US House 211 Midwest Parkway ADDRESS (number and street) (Check if address is changed) Sarasota 34232 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS triton\_ae@yahoo.com (Check if address is changed) Optional Second E-Mail Address aesmyth@mail.usf.edu COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00631846 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. Smyth, Andrew, , , Type or Print Name of Treasurer Smyth, Andrew,,, [Electronically Filed] 01 26 2017 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

Local 202-694-1100

| FEC Form 1 (Revised 02/2009)                         |  | Page <b>2</b>                           |
|--|--|---|
| TYPE OF COMMITTEE                                    |  |   |
| Candidate Committee:                                 |  |   |
| (a) This committee is a prin                         | ncipal campaign committee. (Complete the candidate information below.)   |   |
| information below.)                                  | uthorized committee, and is NOT a principal campaign committee. (Comp  | plete the candidate                     |
| Name of Candidate Smyth, Andre                       | ew, Edward, ,  |   |
| Candidate Party Affiliation REP                      | Office Sought: X House Senate President  | State                                   |
| Tarty Allination                                     | Sought. President  | District 16                             |
| _  | s/opposes only one candidate, and is NOT an authorized committee.  |   |
| Name of Candidate                                    |  |   |
| Party Committee:                                     |  |   |
| (d) This committee is a                              |  | Democratic,<br>Republican, etc.) Party. |
| Political Action Committee (PA                       | AC):   |   |
| (e) This committee is a sep                          | parate 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 Or  | rganization Trade Association  | Cooperative                             |
| In addition  | on, this committee is a Lobbyist/Registrant PAC.   |   |
| (f) This committee support committee. (i.e., noncont | ts/opposes more than one Federal candidate, and is NOT a separate sequected committee)   | gregated fund or party                  |
| In addition, this o                                  | committee is a Lobbyist/Registrant PAC.  |   |
| In addition, this o                                  | committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| Joint Fundraising Representat                        | ive:   |   |
| (6)  | contributions, pays fundraising expenses and disburses net proceeds for tw s, at least one of which is an authorized committee of a federal candidate. | o or more political                     |
|  | contributions, pays fundraising expenses and disburses net proceeds for two s, none of which is an authorized committee of a federal candidate.        | o or more political                     |
| Committees Participating in                          | ı Joint Fundraiser   |   |
| 1. [   | FEC ID number  |   |
| 2.   | FEC ID number  |   |
| 3.   | FEC ID number  |   |
| 4.   |  |   |

| FEC <b>Form 1</b> (Revis                                    | sed 02/2009)  | Page <b>3</b>                         |
|---|---|---------------------------------------|
| Write or Type Committee N                                   |   | . 490                                 |
|   | h for US House  |                                       |
|   | ed Organization, Affiliated Committee, Joint Fundraising Represen                               | atative, or Leadership PAC Sponsor    |
| NONE  |   |                                       |
|   |   | <u> </u>                              |
| Mailing Address   |   |                                       |
| Walling Address   |   |                                       |
|   |   |                                       |
|   | CITY STA  | ATE ZIP CODE                          |
| Relationship: Conne   | ected Organization Affiliated Committee Joint Fundraising Repr                                  | resentative Leadership PAC Sponsor    |
| Custodian of Records: books and records.                    | Identify by name, address (phone number optional) and position of                               | the person in possession of committee |
| Smyth<br>Full Name  | n, Andrew, , ,  |                                       |
| Mailing Address   | 211 Midwest Parkway   |                                       |
| ag / taa. eee   |   |                                       |
|   | Sarasota  | L 34232                               |
| Title or Position   | CITY STAT   | TE ZIP CODE                           |
| candidate   | Telephone number  | 941 - 374 - 8730                      |
| 3. <b>Treasurer:</b> List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the com-<br>g., assistant treasurer). | mittee; and the name and address of   |
| Full Name Smyth of Treasurer                                | , Andrew, , ,   |                                       |
| Mailing Address   | 211 Midwest Parkway   |                                       |
|   |   |                                       |
|   |   | L 34232                               |
| Title or Position   | CITY STAT   | FE ZIP CODE                           |
|   | Telephone number  |                                       |

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|--------------------------------|---|---------------|
|                                |   |               |
| Full Name of Designated        |   |               |
| Agent                          |   |               |
| Mailing Address                |   |               |
|                                |   |               |
|                                | CITY STATE  | ZIP CODE      |
| Title or Position              |   |               |
|                                |   |               |
| Name of Bank,                  | Insignia Bank   |               |
| Name of Bank,  Mailing Address | Depository, etc.  Insignia Bank  333 North Orange Avenue  |               |
|                                | Depository, etc.  Insignia Bank  333 North Orange Avenue  | ZIP CODE      |
| Mailing Address                | Depository, etc.  Insignia Bank  333 North Orange Avenue  Sarasota  FL 34236                      |               |
| Mailing Address                | Depository, etc.  Insignia Bank  333 North Orange Avenue  Sarasota  FL 34236                      |               |
| Mailing Address                | Depository, etc.  Insignia Bank  333 North Orange Avenue  Sarasota  CITY  STATE  Depository, etc. |               |
|                                | Depository, etc.  Insignia Bank  333 North Orange Avenue  Sarasota  CITY  STATE  Depository, etc. |               |
| Mailing Address                | Depository, etc.  Insignia Bank  333 North Orange Avenue  Sarasota  CITY  STATE  Depository, etc. |               |