

REPUBLICAN
DISTRICT 12

ADAM
PUTNAM
U.S. CONGRESS

POST OFFICE BOX 2426
BARTON, FL 33831
COMMERCIAL MAIL ROOM

AUG 2 12 57 PM '99

July 29, 1999

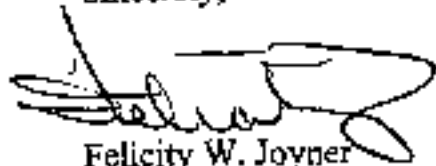
Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: FEC Form 1 Amendment

Please find enclosed an amendment to FEC Form 1. Note the change in Line 8. The Putnam for Congress Committee is adding Sara H. Putnam as its Assistant Treasurer.

This change is effective today, July 29, 1999, as noted in Line 2. If you have any questions, please do not hesitate to contact me at (941)425-5757.

Sincerely,



Felicity W. Joyner

STATEMENT OF ORGANIZATION

1. (a) NAME OF COMMITTEE IN FULL <u>PUTNAM FOR CONGRESS COMMITTEE</u>	<input type="checkbox"/> (Check if name is changed)	2. DATE <u>7-29-99</u>
(b) Number and Street Address <u>Post Office Box 2426</u>	<input type="checkbox"/> (Check if address is changed)	3. FEC ID NUMBER <u>00345074</u>
(c) City, State and ZIP Code <u>DARTON FL 33831-2426</u>		4. AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
☐ (b) This is an authorized, NOT a principal committee (Complete the candidate information below.)

Name of Candidate	Candidate Party	Office Sought	State/District
<u>ADAM PUTNAM</u>	<u>REPUBLICAN</u>	<u>U.S. HOUSE</u>	<u>FL 12</u>

- ☐ (c) This committee supports _____ and is NOT an authorized committee.
 (name of candidate)
☐ (d) This committee is a _____ committee of the _____ Party.
 (National, State or subordinate) (Democratic, Republican etc.)
☐ (e) This committee is a separate segregated fund.
☐ (f) This committee supports more than one Federal candidate and is NOT a fund or party committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization: ☐ Corporation ☐ Corporation w/o Capital Stock
☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify the person in possession of committee books and records.
Full Name Mailing Address Title or Position

8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer.
Full Name Mailing Address Title or Position
SARA H. (SALLY) PUTNAM P.O. Box 523 ASST. TREASURER
DARTON FL 33831-0523

9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts.
Name of Bank, Depository, etc. Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge it is correct and complete.

TYPE OR PRINT NAME OF TREASURER <u>Felicity W. Turner</u>	SIGNATURE OF TREASURER <u>[Signature]</u>	DATE <u>7-29-99</u>
--	--	------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-30-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>fel</i> PREPARER	 8-2-99 DATE PREPARED