

1340 Hamlet Avenue
Clearwater, FL
33756-3332
727.443.5656
727.443.4888 f

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FEC MAIL CENTER
 **PROMETHEUS**
PARTNERS

April 22, 2014

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Pancake Political Action Committee – FEC Form 1

Dear Sir/Madam:

Enclosed please a FEC Form 1 for the above-noted committee.

Should you have any questions or require anything further, please do not hesitate to contact me.

Best regards,



Jessica Hill

14031231417

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Pancake Political Action Committee

ADDRESS (number and street)

1340 Hamlet Avenue

(Check if address
is changed)

Clearwater

FL

33756

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@pancakepac.com

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.pancakepac.com

(Check if address
is changed)

2. DATE

04 / 21 / 2014

3. FEC IDENTIFICATION NUMBER

C00482463

4. 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.

Type or Print Name of Treasurer

Bob Zonies

Signature of Treasurer

Date

04 / 21 / 2014

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

14031231418

5. 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, 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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

14031231419

Write or Type Committee Name

Pancake Political Action Committee

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

N/A

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

Bob Zonies

Mailing Address

1340 Hamlet Avenue

Clearwater

FL

33756

Title or Position

CITY

STATE

ZIP CODE

VP, Accounting

Telephone number

727

443

5656

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

Bob Zonies

Mailing Address

1340 Hamlet Avenue

Clearwater

FL

33756

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

727

443

5656

14031231420

Full Name of Designated Agent

Wiley Turner

Mailing Address

3836 Washington Road

Suite 9

Martinez

CITY

GA

STATE

30907

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

706

855

6395

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.

Fifth Third Bank

Mailing Address

38 Fountain Square Plaza

Cincinnati

CITY

OH

STATE

45263

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

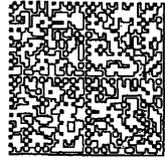
14031231421

14031231422

Jessica Hill
1340 Hamlet Avenue
Clearwater, FL 33756

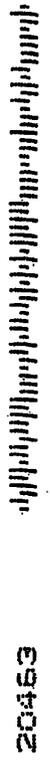
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Washington, DC 20463



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

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	4/28/14 DATE PREPARED