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2013 SEP 17 AM 8:15
FEC MAIL CENTER

Committee Name:

Principled Leadership Fund

If registered, FEC ID:

Today's Date:

09-06-13

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

William S. Jones

, Treasurer

1303111488

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

Principled Leadership Fund

ADDRESS (number and street)

115 East Park Avenue

(Check if address is changed)

Suite 1

Tallahassee CITY ▲

FL STATE ▲

32301 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

contact@principledleadershipfund.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ►

C

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

William S. Jones

Signature of Treasurer

[Handwritten Signature]

Date

09 / 06 / 2013

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 06/2012)

1303111489

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	<input checked="" type="checkbox"/>
2.	_____	FEC ID number	<input checked="" type="checkbox"/>
3.	_____	FEC ID number	<input checked="" type="checkbox"/>
4.	_____	FEC ID number	<input checked="" type="checkbox"/>

1303111490

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

William S. Jones

Mailing Address

115 East Park Avenue
Suite 1
Tallahassee

FL

32301

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

850 - 681 - 1029

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

William S. Jones

Mailing Address

115 East Park Avenue
Suite 1
Tallahassee

FL

32301

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

850 - 681 - 1029

1303111491

Full Name of Designated Agent

William S. Jones

Mailing Address

115 East Park Avenue

Suite 1

Tallahassee FL 32301

CITY

STATE

ZIP CODE

Title or Position

Chairman

Telephone number

850-681-1029

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

2930 Apalachee Parkway

Tallahassee FL 32301

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

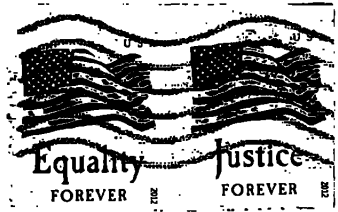
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1st Park Ave
Jacksonville, FL 32301

JACKSONVILLE FL 320

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20436

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20436



Federal Election Commission
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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER
 (8/2013)

9/17/13
 DATE PREPARED

1303114494