FEC FORM 1

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150511126

STATEMENT OF **ORGANIZATION**

RECEIVED

2013 Sale 43 Only 0

| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M£C / | AIL CENTER | |
|-----------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|--|
| Brian Russell for Pres | si dent | | | | |
| 1 | | | | | |
| | . 2204 Soverson Vil | llogo Cirolo | | | |
| ADDRESS (number and street) | ADDRESS (number and street) 3201 Sawgrass Village Circle | | | | |
| (Check if address is changed) | | | | | |
| | Ponte Vedra Beac | ;h | FL 320 | 082, , - , , , | |
| | CITY ▲ | | STATE A | ZIP CODE ▲ | |
| COMMITTEE'S E-MAIL ADDRE | SS | | | | |
| (Check if address is changed) | brian.russell@blue | efininvest.com | | | |
| • , | Optional Second E-Mail Add | dress | | | |
| | | | | | |
| | 3 2013 | | | | |
| 3. FEC IDENTIFICATION NO | UMBER ▶ C | and surface surfaces on production of the surface o | | | |
| 4. IS THIS STATEMENT X | | AMENDED (A) | | | |
| I certify that I have examined the | nis Statement and to the best | of my knowledge and belief it | is true, correct and | complete. | |
| Type or Print Name of Treasurer Brian Russell | | | | | |
| Signature of Treasurer | 3:200 | <u>-</u> | Date 08 | 28 2013 | |
| NOTE: Submission of false, errone | | may subject the person signing to ON SHOULD BE REPORTED W | | penalties of 2 U.S.C. §437g. | |
| Office Use Only | | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) | |

Toll Free 800-424-9530 Local 202-694-1100

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|------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| | | OMMITTEE Committee: | | | |
| (a) | X | This committee is a principal campaign committee. (Complete the candidate information below.) | | | |
| (b) | | | | | |
| Nam Can | e of didate | Brian Russell | | | |
| | didate y Affiliati | on REP Office Sought: House Senate X President | State District | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | ett i veri | | |
| Nam Can | e of didate | | | | |
| Par | ty Con | nmittee: | | | |
| (d) | | | mocratic, publican, etc.) Party. | | |
| Poli | | ction Committee (PAC): | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ted organization is a: | | |
| | | Name of the state | abor Organization | | |
| | | Membership Organization Trade Association | coperative | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee) | gated fund or party | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | |
| Join | t Fund | fraising Representative: | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political | | |
| (h) | Turn Hall Camb | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | r more political | | |
| | | mittees Participating in Jeint Fundraiser | | | |
| | | | | | |
| | 1. | | | | |
| | 2. | FEC ID number C | | | |
| | 3. | FEC ID number C | | | |
| | 4. | | | | |

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|----|-----------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| | Vrite or Type Committee Nam | | . 490 0 |
| | Brian Russell for Pr | esident | |
| 6. | | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |
| | None , , , , , , , | | |
| L | <u> </u> | | |
| L | | | |
| | Mailing Address | | |
| | | | |
| | | | لــــا-ك |
| | | - CITY STATE ZIF | CODE |
| | Relationship: Connecte | ed Organization Affiliated Committee Joint Fundraising Representative 📜 Leade | rship PAC Sponsor |
| | | | |
| 7. | Custodian of Records: Idea books and records. | entify by name, address (phone number optional) and position of the person in posses | ssion of committee |
| | ı Brian | ı Ruşsell | 1 |
| | 1 dii 14airie | ı 3201 Şawgrasş Village Circle | <u> </u> |
| | Mailing Address | | |
| | | Ponte Vedra Beach FL 132082 | <u> </u> |
| | | i one vedia beach | |
| | Title or Position | CITY STATE ZIF | CODE |
| | Candidate and Tro | easurer Telephone number 904 - 834 | 3309 |
| 8. | | nd address (phone number optional) of the treasurer of the committee; and the name | and address of |
| | any designated agent (e.g., | assistant treasurer). | |
| | of Treasurer Brian | Russell | |
| | Mailing Address | 3201 Sawgrass Village Circle | |
| | | | |
| | | Ponte Vedra Beach FL 32082 | |
| | Title or Position | CITY STATE ZIF | CODE |
| | Candidate and Tre | easurer | 3309 |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|----------------------|
| | | | |
| Full Name of Designated Agent Brian | Russell | | |
| Mailing Address | 3201 Sawgrass Village Circle | | |
| • | [| 1 | |
| | Ponte Vedra Beach | ıFL ı | 32082 - |
| | CITY | STATE | ZIP CODE |
| Title or Position Candidate and Trea | asurer Telephone no | umber 90 | 4 - [834 - [3309 |
| 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, e | etc. | | |
| Wells | Fargo Bank | | |
| Mailing Address | 700 Şawgrasş Village Dr | | |
| | | | |
| | Ponte Vedra Beach | FL | 32082 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| | | | |
| Mailing Address | | 11111 | |
| | | | |
| | | ليا | |
| | CITY | STATE | ZIP CODE |

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MCKSONVILLE FL 320

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| Jmp | 9/3/13 |
| PREPARER (0/0012) | DATE PREPARED |

(8/2013)