## FLORIDA RISING PAC 4316 NORTH UNIVERSITY DRIVE, SUITE 565

CORAL SPRINGS, FL 33067

FEBRUARY 27, 2015

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

Re: Form 1, Statement of Organization, Unlimited Contributions

To whom it may concern:

503-140-1773

This Committee intends to make independent expenditures, and consistent with the US 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,

Doul.

RECEIVED 2015 MAR -2 PH 12: 37 FEC MAIL CENTER

FEC TO STATEMENT OF ORGANIZATION RECEIVED FEC MAIL CENTER Office Use Only Office Use Only
1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.
FLORIDA RISING PAC
ADDRESS (number and street) GUITE 565 (Check if address is changed) ADDRESS (number and street) CORAL SPRINGS FL 33067
CITY STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)
2. DATE 02 27 2015
3. FEC IDENTIFICATION NUMBER
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  Signature of Treasurer  Date  Date Date
NOTE: Submission of talse, erroreous, 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     6724       Use     372       Only     372   For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 File Contact: Contact Commission Toll Free 800-424-9530 Local 202-694-1100 File Contact Commission Contact Contact Contact: Contact

FI	EC Form 1 (Revised 02/2009)	•	:			Page 2	7
	OF COMMITTEE			-	· ·	5	
Cand	lidate Committee:		2				
(a)	This committee is a principal campaign cor	nmittee. (Cor	mplete the c	andidate inform	nation below.	)	
(b)	This committee is an authorized committee information below.)	, and is NOT	Γ a principal	campaign cor	nmittee. (Com	nplete the candida	te .
Name Candio	•		╶╌╃┈╋╴╽	┶╌╄╌┠╴┠╶┠	<b>.</b>		
Candio Party	date Office Affiliation Sought:	House	Se Se	nate	President	State B	
(c)	This committee supports/opposes only one	candidate, a	and is NOT	an authorized	committee.		
Name Candio							
Party	/ Committee:		•				
(d)		ational, State subordinate)		of the		(Democratic, Republican, etc.)	Party.
Politi	ical Action Committee (PAC):				• •		
(e)	This committee is a separate segregated fu	und. (Identify	connected o	organization on	line 6.) Its cor	nnected organizatio	on is a:
•	Corporation	Corp	oration w/o	Capital Stock		Labor Organiza	tion
	Membership Organization	Trade	e Associatio	n .		Cooperative	
	In addition, this committee is	a Lobbyist/R	egistrant PA	NC.			
(f)	This committee supports/opposes more that committee. (i.e., nonconnected committee)	in one Feder	ral candidate	e, and is NOT	a separate s	egregated fund or	party
-	In addition, this committee is a Lobby	/ist/Registran	t PAC.				• .
. •	In addition, this committee is a Leade	ership PAC. (	Identify spor	nsor on line 6.)			•
Joint	Fundraising Representative:		•			······································	
(g)	This committee collects contributions, pays fu committees/organizations, at least one of wh						1
(h) <sub>.</sub>	This committee collects contributions, pays fu committees/organizations, none of which is a					wo or more politica	l .
	Committees Participating in Joint Fundraiser		•		•		
		<u>.</u>		FEC ID numb	er C	, 	
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	4.	╶┸╌┸╌┸╌	┡┯┹┯┻┯┺╍ ┨╴┤╴┤ │	FEC ID numb	Contraction of the local division of the loc	an a	<del>سو</del>
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FEC Form 1 (Revised	02/2009) Page 3
Write or Type Committee Nam	le
FLORIDA RISIN	NG PAC
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	
	, CITY STATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in possession of committee
Mailing Address	4316 NORTH UNIVERSITY DRIVE
	SUITE 565
	CORAL SPRINGS
Title or Position	CITY STATE ZIP CODE
TREASURER	Telephone number 954 - 804 - 4606
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name JOH	
Mailing Address	4316 NORTH UNIVERSITY DRIVE
•	SUJTE 565
· · ·	CORAL SPRINGS
Title or Position	CITY STATE ZIP CODE
TREASURER	Telephone number 1954 - 1804 - 14606
1	

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	Full Name of Designated Agent	PISULA , ,					· ·	· · · · ·
	Mailing Address	4316 NORTH	I UNIVERSIT		المنظر المراجع			
•		SUITE 565		<u>1 1 1 1 1 1</u>	<u>i I I J., I</u>		أحتط	· ·
		CORAL SPRI	NGS		IFL	33067,  - _	i	
	Title or Position		CITY	•.*•	STATE	ZIP CODE		
		<u></u>		Telephone nu	mber 1954	48044	606	·•.
9.	Banks or Other Depositories safety deposit boxes or main Name of Bank, Depository, e BANK	tains funds.				unds, noids accounts,		
	Mailing Address	12600, SPUT	Ή ΡΟυσμά		_ <u></u>			
					EL FL	[ <u>33134</u> ]-[		
			CITY		STATE	ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
	Name of Bank, Depository, e	ic.		. • .				
		. <u> </u>						· ·
- '	Mailing Address		<u></u>		────────────			
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•			ÇITY		STATE	ZIP CODE		· ·
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# **FLORIDA RISING PAC** ATTACHMENT TO FEC FORM 1 **ADDITIONAL OFFICERS**

#### CHAIRPERSON: KARIN HOFFMAN

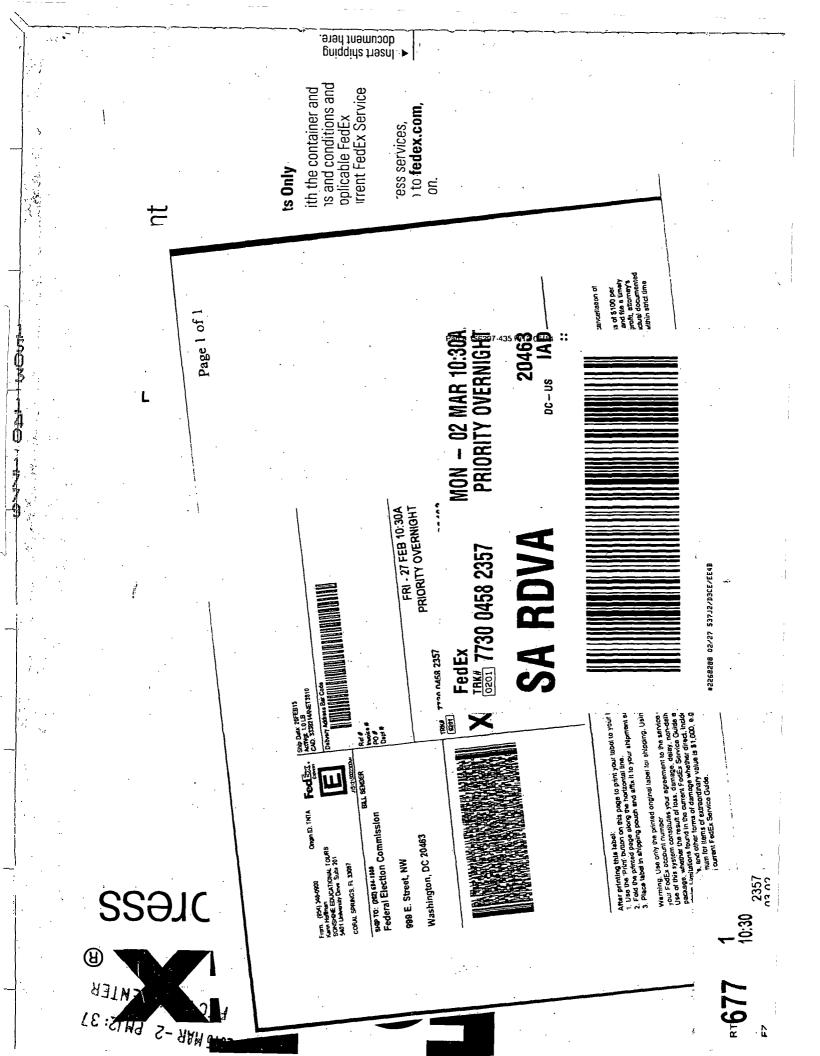
4316 NORTH UNIVERSITY DRIVE, SUITE 565 CORAL SPRINGS, FL 33067 954-729-9244

#### VICE CHAIRPERSON: JOHN PISULA

4316 NORTH UNIVERSITY DRIVE, SUITE 565 CORAL SPRINGS, FL 33067 954-804-4606

### ASSISTANT TREASURER: JOSE A. RIESCO, CPA

2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134 305-445-0777



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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
A-	3/2/15			
PREPARER (8/2013)	DATE PREPARED			