

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED. SECRETARY OF THE SENATE 09 MAY -5 PM 1:01

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MARCO RUBIO FOR US SENATE

ADDRESS (number and street)

4027 SOUTH LEJEUNE ROAD

(Check if address is changed)

CORAL GABLES

FL

33146

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MARCORUBIOFORSENATE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036479200

2. DATE

MM 05

DD 05

YYYY 2009

3. FEC IDENTIFICATION NUMBER

C C00458844

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

KEITH A. DAVIS

Signature of Treasurer

*Keith A. Davis*

Date

MM 05

DD 05

YYYY 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 12/2007)

29020201987

5. TYPE OF COMMITTEE (Check One)

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 MARCO RUBIO

Candidate Party Affiliation:  REP      Office Sought:  House  Senate  President      State:  FL      District:  00

- (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
- (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 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"/> _____
5.	_____	FEC ID number	<input checked="" type="checkbox"/> _____

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Write or Type Committee Name

MARCO RUBIO FOR US SENATE

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

NONE

Mailing Address

Empty address fields for city, state, and zip code.

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

- Connected Organization, Affiliated Committee, Leadership PAC Sponsor, Joint Fundraising Representative

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 SALVATORE PURPURA

Mailing Address 4027 S LEJEUNE RD

CORAL GABLES FL 33146

Title or Position ASSISTANT TREASURER Telephone number 202 - 498 - 5258

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 KEITH A. DAVIS

Mailing Address 228 S WASHINGTON ST STE 115

ALEXANDRIA VA 22314

Title or Position TREASURER Telephone number 703 - 549 - 7705

29020201989

Full Name of Designated Agent

SALVATORE PURPURA

Mailing Address

4027 S LEJEUNE RD

CORAL GABLES

FL

33146

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

202

498

5258

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.

TOTAL BANK

Mailing Address

2720 CORAL WAY

MIAMI

FL

33145

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

20020201990

**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. [ ADDITIONAL ]

COLONIAL BANK

Mailing Address

PO BOX 1887

BIRMINGHAM

AL

35201

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

[ Empty address lines ]

Mailing Address

[ Empty address lines ]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

Designated Agent

[ ADDITIONAL ]

Full Name

[ Empty name line ]

Mailing Address

[ Empty address lines ]

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[ Empty telephone number line ]

Joint Fundraiser Participant

[ ADDITIONAL ]

[ Empty name line ]

FEC ID number

[ Empty FEC ID number box with 'C' ]

29020201991

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

U.S. SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 05-05-09  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

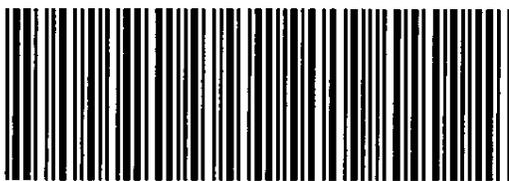
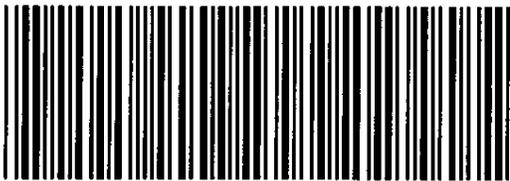
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 05-05-09

29020201992



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