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FEC

FORM 1

HAND DELIVERED

STATEMENT OF ORGANIZATION

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					MICE DEPONDATI OF PLACE
1. NAME OF COMMITTEE (in full)		neck if name changed)	Example: If typing, type over the lines.	12FE4M5	
Patrick Murphy Vi	ctory F	und 2014	ļ		,
	<u> </u>				
	1050 17th	Street, NW			. 1
ADDRESS (number and street)					
(Check if address is changed)	Suite 590			<u> </u>	
• .	Washingto	n 		DC 20	036
	CIT	/ ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address	Support(@PCMSLLC.co	om		
is changed)				<u>. </u>	
•	Optional S	econd E-Mail Add	iress		1
	<u> </u>				
COMMITTEE'S WEB PAGE ADD	RESS (URI	_)			
(Check if address	None	1 1 1			
is changed)	<u> </u>	<u> </u>			ੑੑੑੑੑ
2. DATE 08 21	D / Y 2	014			
3. FEC IDENTIFICATION NU	MBER ▶				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
					
I certify that I have examined th	is Statemen	and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasurer	Brian Fou	cart			
		5 7		MUM	
Signature of Treasurer	Foucayl /			Date S	21 2014
NOTE: Submission of false, errone			may subject the person signing ON SHOULD BE REPORTED		e penalties of 2 U.S.C. §437g.
Office			For further information		FEC FORM 1
Use Only	}		Federal Election Commis Toll Free 800-424-9530	sion	(Revised 06/2012)

		OMMITTEE			
Cand	idate	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 Candid		Patrick Murphy			
Candid Party /		Office State On Sought: House Senate President District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candid					
Party	Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the Party. (National, State (Democratic, Republican, etc.) Party.			
Politi	cal A	ction 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	Func	draising Representative:			
(g)	X	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.			
	Com	nmittees Participating in Joint Fundraiser			
	1.	Friends of Patrick Murphy FEC ID number C C00493825			
	2.	Democratic Executive Committee of Florida FEC ID number C C00005561			
	3.	FEC ID number			
	4.	FEC ID number C			

Patrick Murphy Victory Fund 2014					
<u></u>	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
NONE					
Mailing Address					
	CITY STATE ZIP CODE				
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in possession of committee				
Brian Foud Full Name Mailing Address	art 1050 17th Street, NW Suite 590				
	Washington DC 20036				
Title or Position	CITY STATE ZIP CODE				
Treasurer	Telephone number 202 - 628 - 1581				
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
Full Name Brian Fouc	art 				
Mailing Address	1050 17th Street, NW				
	Suite 590 Washington DC 20036 -				
Title or Position Treasurer	CITY STATE ZIP CODE Telephone number 202 - 628 - 1581				

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	Full Name of Designated Agent	<u></u>	1 1 1	
	Mailing Address		1 : 1 1	
	J			
		CITY	STATE	ZIP CODE
•	Title or Position		1	
•	Banks or Other safety deposit bo Name of Bank, (Depositories: List all banks or other depositories in which the communes or maintains funds. Depository, etc.	mittee deposits	funds, holds accounts, rents
		Bank of America	<u> </u>	
	Mailing Address	1801 K Street, NW		
		Washington	DC	20036
		CITY	STATE	ZIP CODE
	Name of Bank, [Depository, etc.		
	Mailing Address			
			[

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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
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A-	8/21/14
PREPARER	DATE PREPARED
(8/2013)	٠