Image# 15951233051				04/29/2015 16 : 36
			1	PAGE 1 / 5
FEC	STATEMEN	IT OF		I
FEC FORM 1	ORGANIZ	ATION		
				Office Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
Floridians for a S	trong Middle Cla	SS		
	1007 N Federal Hwy			
ADDRESS (number and street)				
(Check if address is changed)	#317 			
	Fort Lauderdale		FL 33	3304
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	fec@nextlevelpartners.	net		
is changed)				
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
is changed)				
2. DATE 04 29	2015			
3. FEC IDENTIFICATION N		0577049		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name of Treasure	r Jennifer May			
			- 14 17 -	/ D D / Y Y Y Y
Signature of Treasurer	fer May	[Electronically Filed]	Date 04	29 2015
NOTE: Submission of folce, array	aque or incomplete information -	nav subject the norman signing	this Statement to the	a panaltias of 2 LLS C \$427~
NOTE: Submission of false, erron	ANY CHANGE IN INFORMATIO			e μεπαιμες 01 2 0.5.0. 943/g.
Office		For further information		FEC FORM 1
Use Only		Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

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ŀ	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	e 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. (Complet information below.)	e the candidate
Name Cand	e of lidate		
	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)			mocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Floridians for a Strong Middle Class

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

Mailing Address																													
				L																									
				L																	L	 				-			
											CI	TΥ						S	TAT	E			2	ZIP	С	OD	Е		
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.

Jennifer N	lay
Full Name	
Mailing Address	1007 N Federal Hwy
	#317
	Fort Lauderdale FL 33304 - - - -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

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	Jennifer May		
Mailing Address	1007 N Federal Hwy		
	#317 		
	Fort Lauderdale FL 33304 – / <th <="" th=""> <th <="" th=""> / /</th></th>	<th <="" th=""> / /</th>	/ /
	CITY STATE ZIP CODE		
Title or Position Treasurer	Telephone number		

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	I										
Mailing Address																											
																				L							
							CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																											
											Tel	eph	ione	e ni	umt	ber											

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 c	f America		
Mailing Address	1745 E. Sunrise Blvd		
	Fort Lauderdale	FL 33304	
	CITY	STATE Z	IP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZI	IP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

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.

Form/Schedule: Transaction ID: