11/03/2022 12:12 PAGE 1 / 6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Rick Scott Victory Fund PO Box 76024 ADDRESS (number and street) (Check if address is changed) Washington DC 20013 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS salpurpura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00676957 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Rutland, Janna, , , Type or Print Name of Treasurer Rutland, Janna, , , [Electronically Filed] 03 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

| Office |  |  | For further information contact: |
|--------|--|--|----------------------------------|
| Use    |  |  | Federal Election Commission      |
| Only   |  |  | Toll Free 800-424-9530           |
| •,     |  |  | Local 202-694-1100               |

| FEC Form 1 (Revised 03/2022)  | Page <b>2</b>                     |
|---|-----------------------------------|
| . TYPE OF COMMITTEE:  |                                   |
| Candidate Committee:  |                                   |
| (a) This committee is a principal campaign committee. (Complete the candidate information below   | v.)                               |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)  | mplete the candidate              |
| Name of Candidate   |                                   |
| Candidate Party Affiliation Office Sought: House Senate Preside   | State ent District                |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   | 20.00                             |
| Name of Candidate   |                                   |
| Party Committee:  |                                   |
| (d) This committee is a   | emocratic, epublican, 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                       |
| In addition, this committee is a Lobbyist/Registrant PAC.   |                                   |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)  | segregated 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.)  |                                   |
| (g) This committee is an independent expenditure-only political committee (Super PAC).  |                                   |
| In addition, this committee is a Lobbyist/Registrant PAC.   |                                   |
| (h) This committee is a political committee with both contribution and non-contribution accounts (  | Hybrid PAC).                      |
| In addition, this committee is a Lobbyist/Registrant PAC.   |                                   |
| Joint Fundraising Representative:   |                                   |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candi | •                                 |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.    | for two or more political         |
| Committees Participating in Joint Fundraiser  |                                   |
| LETS GET TO WORK PAC  | 0692327                           |
| NRSC  | 0027466                           |

|    |  |   | <u> </u>               |
|----|--|---|------------------------|
|    | FEC Form 1 (Revised 0                                      | 2/2009)   | Page 3                 |
| ٧  | Vrite or Type Committee Name                               |   |                        |
|    | Rick Scott Victor  | ory Fund  |                        |
| ŝ. | Name of Any Connected O                                    | rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders                     | ship PAC Sponsor       |
|    |  |   |                        |
|    |  |   |                        |
|    | Mailing Address  |   |                        |
|    |  |   |                        |
|    |  |   |                        |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲             |
|    | Relationship: Connected                                    | Organization Affiliated Organization Joint Fundraising Representative                               | Leadership PAC Sponsor |
|    |  |   |                        |
| 7. | Custodian of Records: Ident books and records.             | ify by name, address (phone number optional) and position of the person in possess                  | ion of committee       |
|    | PURPURA  | , SALVATORE, , ,  |                        |
|    | Full Name  | , OALVATORE, , ,  | 1                      |
|    | Mailing Address  | 6334 PUMPERNICKEL LN  |                        |
|    |  | I   | 1                      |
|    |  | MONROE  |                        |
|    |  |   |                        |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲             |
|    | Title or Position ▼  |   |                        |
|    | ASST TREASURER   | Telephone number 704  | 668   -   1993         |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | ame and address of     |
|    | Full Name RUTLAND,   | JANNA, , ,  |                        |
|    | of Treasurer   |   |                        |
|    | Mailing Address  | PO BOX 76024  |                        |
|    |  | 1   |                        |
|    |  | WASHINGTON DC 20002   |                        |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲             |
|    | Title or Position ▼  |   |                        |
|    | TREASURER  |   | 813 - 9118             |

| FEC Form 1 (Revised 0                                     | 92/2009)   |                               | Page <b>4</b>         |
|---|--|-------------------------------|-----------------------|
| Full Name of Designated Agent                             |  |                               |                       |
| Mailing Address   |  |                               |                       |
|   |  |                               |                       |
|   |  |                               |                       |
| Title or Position ▼                                       | CITY ▲   | STATE ▲                       | ZIP CODE ▲            |
|   |  | lephone number                | -  -  -               |
| Banks or Other Depositorions safety deposit boxes or main | es: List all banks or other depositories in which tains funds. | the committee deposits funds, | holds accounts, rents |
| Name of Bank, Depository, e                               | otc.   |                               |                       |
| CHAIN   | BRIDGE BANK  |                               |                       |
| Mailing Address   | 1445 LAUGHLIN AVE  |                               |                       |
|   |  |                               |                       |
|   | MCLEAN   | VA22                          | 2101                  |
|   | CITY ▲   | STATE ▲                       | ZIP CODE ▲            |
| Name of Bank, Depository, e                               | etc.   |                               |                       |
|   |  |                               |                       |
| Mailing Address   |  |                               |                       |
|   |  |                               |                       |
|   |  |                               |                       |
|   | CITY ▲   | STATE ▲                       | ZIP CODE ▲            |

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F1A Transaction ID:

RICK SCOTT VICTORY FUND IS A JOINT FUNDRAISING COMMITTEE COMPOSED OF RICK SCOTT FOR FLORIDA, LETS GET TO WORK PAC AND THE NRSC

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_6\_ **of** 6\_\_\_

| (g) or (h). <b>Joint Fundraisi</b> r  | ng Participant:                                       |                          |                              |
|---|---|--------------------------|------------------------------|
| RICK SCOTT I  | FOR FLORIDA   | FEC ID number            | C C00676965                  |
| 2.  |   | FEC ID number            | C                            |
| 3.  |   | FEC ID number            | C                            |
| 4.  |   | FEC ID number            | C                            |
| Name of Any Connected   | Organization, Affiliated Committee, Joint Fund        | raising Representative   | e, or Leadership PAC Sponsor |
|   |   |                          |                              |
|   |   |                          |                              |
| Mailing Address   |   |                          |                              |
|   |   |                          |                              |
|   |   |                          |                              |
| Relationship:   | CITY ▲  | STATE ▲                  | ZIP CODE ▲                   |
| Connecte  | d Organization Affiliated Committee Join              | t Fundraising Representa | tive Leadership PAC Sponso   |
|   | y by name, address (phone number – optional)          |                          |                              |
| Full Name   |   |                          |                              |
| Full Name   |   |                          |                              |
|   |   |                          |                              |
| Mailing Address   | CITY A  | STATE A                  | ZIP CODE A                   |
|   | •   |                          |                              |
| Mailing Address  TITLE OR POSITION  | Tories: List all banks or other depositories in which | STATE ▲                  | ZIP CODE A                   |
| Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc. | Tories: List all banks or other depositories in which | STATE ▲                  | ZIP CODE 🛦                   |