

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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2016 JUL 19 AM 10:05  
Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BRUDERLY FOR CONGRESS

ADDRESS (number and street) 1221 MOLOKAI ROAD

(Check if address is changed)

JACKSONVILLE FL 32216-3275

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) bruderly@aol.com

Optional Second E-Mail Address  
bruderly@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.brunderly.com

2. DATE 07 / 14 / 2016

3. FEC IDENTIFICATION NUMBER ► C

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 TRAVIS L. BRIDGES

Signature of Treasurer Travis L. Bridges Date 07 / 14 / 2016

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.

5. TYPE OF COMMITTEE

**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 DAVID E. BRUDERLY

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State FL District 04

- (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
  - 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 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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

2010-07-16 AM 00:00:17

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

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.

Full Name

DAVID E. BRUDERLY

Mailing Address

1221 MOLOKAI ROAD

[Empty grid lines for address]

JACKSONVILLE FL 32216-3275

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 352-281-2696

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

TRAVIS L BRIDGES

Mailing Address

270 BROWARD ROAD

[Empty grid lines for address]

JACKSONVILLE FL 32218-6004

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 904-751-1863

2016071030000179

Full Name of Designated Agent

DAVIDE, BRUDERLY

Mailing Address

1221 MOLOKAI ROAD

JACKSONVILLE

JACKSONVILLE

FL

32216-3275

CITY

STATE

ZIP CODE

Title or Position

CANDIDATE

Telephone number

352-281-2696

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 OF AMERICA

Mailing Address

[Redacted]

3535 UNIVERSITY BLVD, WEST

JACKSONVILLE

FL

32217

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Redacted]

Mailing Address

[Redacted]

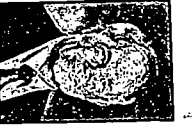
[Redacted]

[Redacted]

CITY

STATE

ZIP CODE

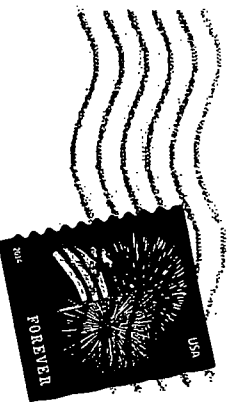


David Bruderly  
1221 Molokai Rd  
Jacksonville FL 32216

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2016 JUL 19 AM 10:04

JACKSONVILLE FL 320

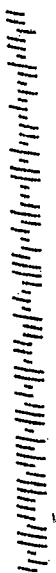
15 JUL 2016 PM 11



FEDERAL ELECTION COMMISSION  
999 E STREET N.W.  
WASHINGTON DC 20463



20463-



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Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/15/16	Date of Receipt 7/19/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt	
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	

PREPARER  
(3/2015)



7/19/16  
DATE PREPARED

NO POSTMARK REQUIRED