Image#	10990530353
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typying, type over the lines	12FE4M5
Kosmas for C	ongress	
ADDRESS (number and	street)	
(Check if address	s <u> </u>	
is changed)	New Smyrna Beach	FL 32170
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	winpisinger@comcast.net	
COMMITTEE'S WEB (Check if addres is changed)	PAGE ADDRESS (URL) s http://www.kosmasforcongress.com	
2. DATE 0.4		
3. FEC IDENTIFICA	TION NUMBER C C00440149	
4. IS THIS STATEN	IENT NEW (N) OR X AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge and belief it is true, correct and	l complete
Type or Print Name of	Treasurer Trudy Duffy	
Signature of Treasure	Electronically Filed by Trudy Duffy	Date 04 / 14 / Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information co Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

	02/2000)
(Revised	02/2009)

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FEC	Form 1 (Revised 02/2009)	Page 2
	OMMITTEE (Check One) Committee:	
(a) X	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 information below.)	he candidate
Name of Candidate	Suzanne Kosmas	
Candidate Party Affilia	tion DEM Office X House Senate President	State FL District 24
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	Membership Organization Trade Association Co	ooperative
	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 committee. (i.e., nonconnected committee)	d 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.)	
Joint Fundr	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or 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 o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Cor	nmittees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number	
	3 FEC ID number	
	4. FEC ID number C	

С FEC ID number 4.

	FEC Form 1 (Revised 02/2009)	Page 3
W	Vrite or Type Committee Name	
	Kosmas for Congress	
	Name of Amu Commented Commination, Affiliated Committee, Joint Fundmaining	Demandative and and anothin DAO On anothing
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising I	Representative, or Leadership PAC Sponsor

Mailing Address	PO Box 1174		
	Springfield		22151 _
	СІТҮ	STATE 🛦	ZIP CODE 🔺
Deletionship			
Relationship: Connected Organization	Affiliated Committee X Joint Fund	raising Representative	Leadership PAC Spons
Connected Organization	entify by name, address, (phone number op		
Connected Organization	entify by name, address, (phone number op books and records.		
Connected Organization Custodian of Records: Id possession of Committee	entify by name, address, (phone number op books and records.		
Connected Organization Custodian of Records: Id possession of Committee Full Name	entify by name, address, (phone number op books and records.		
Connected Organization Custodian of Records: Id possession of Committee Full Name Trudy	entify by name, address, (phone number op books and records. Duffy920 Third Ave	tional), and position of th	

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).

of Treasurer	rudy Duffy	920 Third Ave				
Maining Address						
		New Smyrna Beach		FL _	32169 _	
Title or Position ♥		CITY A	ST	TATE	ZIP CO	DE 🛦
Trea	surer		Telephone number	r 386	427	4610

FEC Form 1 (Revis	ied 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🛦
	т	elephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	aintains funds.	ne committee deposits funds, h	1
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc.	ne committee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. achovia	ne committee deposits funds, h	1
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. achovia	ne committee deposits funds, h	1
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safety deposit boxes or m Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. achovia 1650 South Atlantic Ave New Smyrna Beach CITY ⊿ y, etc.	└ · · · · · · · · · · · · · · · · · · ·	 32169
safety deposit boxes or m Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. achovia 1650 South Atlantic Ave New Smyrna Beach CITY ▲ y, etc. ank of America	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. achovia 1650 South Atlantic Ave New Smyrna Beach CITY ▲ y, etc. ank of America	└ · · · · · · · · · · · · · · · · · · ·	

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FEC Form 1	(Revised 02/2009)
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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]
Bank of	America, NA		
Mailing Address	730 15th St, NW		
-			
	Washington	DC	20005
	CITY 🔺	STATE	ZIP CODE 🔺
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leader	[ADDITIONAL rship PAC Sponsor
Florida Victory Fund			· · ·
Mailing Address	PO Box 83142		
Ū.	1		
	Gaithersburg		20883
	СІТҮ		
lationship: Connected Organization	Affiliated Committee X Joint Fundraising Rep	presentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY 🛦	STATE▲	
	Telepho	one number	
Joint Fundraiser Participant			[ADDITIONAL]
some anaraiser i articipant			