## FEC FORM 1

## STATEMENT OF ORGANIZATION

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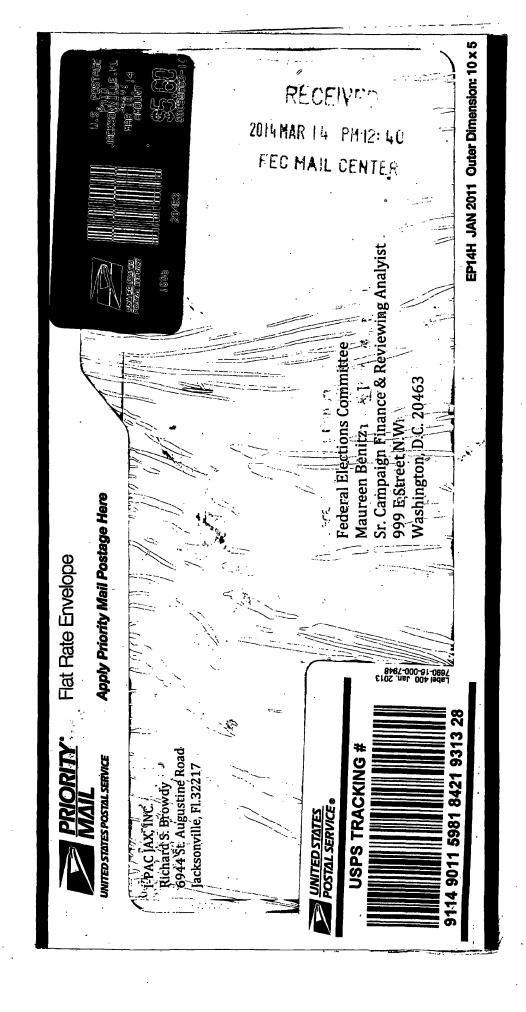
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|   |   |  | TOTAL CENTER  |
|---|---|--|---|
| 1. NAME OF COMMITTEE (in full)                  |   | ple: If typing, type<br>he lines.  | 12FE4M5   |
| I-PAC, JAX, INC.                                | <del></del>   |  |   |
|   |   |  |   |
| ADDRESS (number and street)                     | 6944 St. Augustine  | Road   |   |
| <ul><li>(Check if address is changed)</li></ul> | Suite D   |  |   |
|   | Jacksonville  |  | FL 32217 - ZIP CODE A   |
| COMMITTEE'S E-MAIL ADDRE                        | SS  |  |   |
| (Check if address is changed)                   | IPACJAX@AOL-COM   | <del></del>  |   |
|   | Optional Second E-Mail Address  |  | ,   |
|   | *.,   | entype:  |   |
| COMMITTEE'S WEB PAGE ADI                        | DRESS (URL)   |  | en e                      |
| is changed)                                     |   |  |   |
|   |   | <u> </u>   |   |
| 2. DATE 02 20                                   | 2014  | ٠.   |   |
| 3. FEC IDENTIFICATION NU                        | JMBER ▶ C   |  |   |
| 4. IS THIS STATEMENT                            | NEW (N) OR X  | AMENDED (A)  | <u>.</u>  |
| certify that I have examined the                | nis Statement and to the best of my known                                   | owledge and belief it is   | true, correct and complete.                                   |
| Type or Print Name of Treasure                  | Richard S. Browdy   | •  |   |
| Signature of Treasurer                          | lichael S. Brews  | <b>y</b>   | ate 03 10 2014  |
| NOTE: Submission of false, erron                | eous, or incomplete information may subje<br>ANY CHANGE IN INFORMATION SHOU | ct the person signing this   | Statement to the penalties of 2 U.S.C. §437g.<br>HIN 10 DAYS. |
| Office<br>Use                                   |   | For further information control<br>Federal Election Commission<br>Foil Free 800-424-9530 | FEC FORM 1 (Revised 06/2012)                                  |

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|------|---|--|---|--|--|--|--|
|      |   | OMMITTEE<br>• 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.)  |   |  |  |  |  |
|      | ne of<br>didate   |  |   |  |  |  |  |
|      | didate<br>y Affiliati                                     | on Sought: House Senate President  | State                                     |  |  |  |  |
| (c)  |   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                                  |  |  |  |  |
|      | ne of<br>didate   |  | <u>.</u>                                  |  |  |  |  |
| Par  | ty Con  | nmittee:   |   |  |  |  |  |
| (d)  |   |  | Democratic,<br>Republican, etc.) Party.   |  |  |  |  |
| Poli | itical A  | ction Committee (PAC):   |   |  |  |  |  |
| (e)  |   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)  | nected 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)  | X   | 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 Lebbyist/Registrant PAC. |  |   |  |  |  |  |
|      |   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |  |  |  |  |
| Join | nt Fund   | Iraising Representative:   | 2 / 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 |  |  |  |  |
| (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. | o or more political                       |  |  |  |  |
| (h)  |   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                       |  |  |  |  |
|      | Com   | mittees Participating in Joint Fundraiser  |   |  |  |  |  |
|      | 1.  |  |   |  |  |  |  |
|      | 2.  |  |   |  |  |  |  |
|      | 3.  |  |   |  |  |  |  |
|      | . 4   |  |   |  |  |  |  |

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|---|--|---------------------------------------|-------------------------------|
| Write or Type Committee Na                              | ame                                      |                                       |                               |
|   |  |                                       |                               |
| 6. Name of Any Connected                                | d Organization, Affiliated Committee, Jo | olnt Fundraising Representative, or   | Leadership PAC Sponsor        |
| N   Q N   E   | <br>                                     |                                       |                               |
|   |  |                                       |                               |
| Mailing Address   |  |                                       |                               |
| maming /taureou   |  |                                       |                               |
|   |  |                                       |                               |
|   | CITY                                     | STATE                                 | ZIP CODE:                     |
| Relationship: Connec                                    | cted Organization                        | Joint Fundraising Penrocenteting      | I eadership DAC Spanso        |
| neiationship.   | Annialed Committee                       | Joint Fundraising Representative      | Leadership PAC Sponso         |
| Out the state of the second of the                      | d- 4// b                                 |                                       |                               |
| Custodian of Records: lo books and records.             | dentify by name, address (phone number   | optional) and position of the pers    | on in possession of committee |
| l Dia   | hard S. Browdy                           |                                       |                               |
|   | β144 St. Augustin                        | e Road                                |                               |
| Mailing Address   | Suite D                                  |                                       |                               |
|   | Jacksonville                             | ,,,,,  FL                             | 32217     -                   |
| ,   |  |                                       | <u> </u>                      |
| Title or Position                                       | CITY                                     | STATE                                 | ZIP CODE                      |
| Treasurer -   | Director                                 | Telephone number [904                 | -  739 <sub> - </sub> 5195    |
|   |  | ioopiiono namboi                      |                               |
|   |  |                                       |                               |
|   | and address (phone number optional) o    | of the treasurer of the committee; an | d the name and address of     |
| any designated agent (e.g.                              | ., assistant treasurer).                 | of the treasurer of the committee; an | d the name and address of     |
| any designated agent (e.g.                              |  | of the treasurer of the committee; an | d the name and address of     |
| any designated agent (e.g.                              | ., assistant treasurer).                 |                                       | d the name and address of     |
| any designated agent (e.g.  Full Name Ric  of Treasurer | hard S. Browdy                           |                                       | d the name and address of     |
| any designated agent (e.g.  Full Name Ric  of Treasurer | hard S. Browdy                           |                                       | d the name and address of     |
| any designated agent (e.g.  Full Name Ric  of Treasurer | hard S. Browdy  6944 St. Augustine       | Road                                  |                               |

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|---|---------------------------------|---|-----------|--|--|
|   |                                 |   |           |  |  |
| Full Name of<br>Designated<br>Agent M   | ichael N. Schneider - Ansbac    | her   &  Schneid                                  | ler, PA   |  |  |
| Mailing Address   | 5150 Belfort Road               | <del>                                      </del> |           |  |  |
|   | Building 100                    |   |           |  |  |
|   | Jacksonville                    |   | 2256      |  |  |
|   | СПУ                             | STATE   | ZIP CODE  |  |  |
| Title or Position Registered  | ,Agent <sub>illill</sub> Teleph | one number  | لبيا-لينا |  |  |
| 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. |                                 |   |           |  |  |
| T   | D Bank                          | <u> </u>  |           |  |  |
| Mailing Address   | [ 10304   San Jose   Boulevard  | 1-1-1-1-1-1-1-1-                                  |           |  |  |
| -   |                                 | 1 1 1 1 1 1 1                                     |           |  |  |
|   | Jacksonville                    | FL 3  | 2257      |  |  |
|   | CITY                            | STATE   | ZIP CODE  |  |  |
| Name of Bank, Depository, etc.  |                                 |   |           |  |  |
| L   |                                 |   | ·<br>     |  |  |
| Mailing Address   |                                 |   |           |  |  |
|   |                                 | 1 1 1 1 1 1 1 1 1 1                               |           |  |  |
|   |                                 | يا ليا لي   |           |  |  |
|   | CITY                            | STATE   | ZIP CODE  |  |  |



## **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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail 3/10/14 Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 3/14/14 DATE PREPARED