FEC

Only

STATEMENT OF

PAGE 1 / 11 -

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Florida 420 E. Jefferson Street ADDRESS (number and street) (Check if address is changed) Tallahassee 32301 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ksimpson@rpof.org is changed) Optional Second E-Mail Address nwatkins@robertwatkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.florida.gop (Check if address is changed) DATE 2025 C00099259 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. Type or Print Name of Treasurer Moberley, Mike, , Date 04 24 2025 Signature of Treasurer Moberley, Mike, , , 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022) Page	2
	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	
	Candidate Office State Party Affiliation Sought: House Senate President	
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a STA (National, State or subordinate) committee of the REP (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	ion 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 pacommittee. (i.e., nonconnected committee)	arty
	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 for two or more polit committees/organizations, at least one of which is an authorized committee of a federal candidate.	ical
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	ical
	Committees Participating in Joint Fundraiser	
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I	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
_	Republican Party		
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
	Rubio Victory Commi	llee 	
	Mailing Address	228 S. Washington Street	
		Suite 115	
		Alexandria	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representat	ive Leadership PAC Sponso
	neiationship.	Signification Anniated Organization 2 John Fundraising Representati	Leadership FAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person	in possession of committee
	Simpson, K	imberly, , ,	
	Full Name		
	Mailing Address	420 E. Jefferson Street	
		Tallahassee	32301
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Accountant	Telephone number	50 222 7520
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
	Full Name Moberley, Moberl	Лike, , ,	
	or freasurer	1420 E. Jefferson Street	
	Mailing Address		
		Tallahassee	32301
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	88 	50 - 222 - 7520

FEC Form 1 (Revised 0	2/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲
Title or Position ▼	Telephone nu	mber	
. Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in which the committains funds.	ee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, e	tc.		
Chain B	idge Bank 1445-A Laughlin Avenue		
S .	McLean	VA 22101	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Wells Fa	irgo Bank		
Mailing Address	7901 Wisconsin Avenue		
	Bethesda	MD 20814	
	CITY ▲	STATE ▲	ZIP CODE ▲

	11	
Page	of ''	

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Trump Victory	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	c/o Red Curve Solution	1 1 1 1 1 1 1 1	
ag / tau.ooo	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Dolotionobine	OITV +	STATE ▲	ZIP CODE ▲
	CITY ▲ Ind Organization Affiliated Committee X Jo Ty by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo		ative Leadership PAC Sp
Connected Connected Pesignated Agent: Identification	d Organization Affiliated Committee X Jo		Leadership PAC Sp
Connected Agent: Identification Full Name	d Organization Affiliated Committee X Jo		Leadership PAC Spo
Connected Agent: Identification Full Name	d Organization Affiliated Committee X Jo		Leadership PAC Sport
Connected Agent: Identification Full Name	Affiliated Committee X Jo		Leadership PAC Sports ative Leadership PAC Sports ative ZIP CODE
resignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY	int Fundraising Representa	
resignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bank	STATE A Telephone Number	ZIP CODE A

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Page	of ¹¹	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	indraising Representativ	e or Leadershin PAC Snon
Byron Donalds Victo			
Mailing Address	2430 Vanderbilt Beach Road		
	Ste. 108 PMB 260		
5	Naples	FL	34108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X	loint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional	STATE A	
esignated Agent: Identif	y by name, address (phone number – optional		
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. Eagle	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. Eagle	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

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Page	of ¹¹	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Protect the House 2)24 		
Mailing Address	P. O. Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

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Page	of	11	

	g Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		, 	
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Grow the Majority			
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	ı VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
πειαποποιτίρ.	CITY	SIAIE	ZIP CODE A
Connected Designated Agent: Identify	Organization Affiliated Committee X J by name, address (phone number – optional)	oint Fundraising Represent	
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identify	by name, address (phone number – optional)		ZIP CODE A

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Page	of ''	

r(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
NRSC Targeted State	Victory		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		pint Fundraising Representa	
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE A Telephone Number	ZIP CODE A

Page	of 11
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h). Joint Fundraisi	· 9 · ········		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spon
Trump 47 Committee	9. INC.		
Mailing Address	P. O. Box 509		
	Arlington	VA	22216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X y by name, address (phone number – optional	Joint Fundraising Represent	Leadership FAC S
			Leadership PAC Sp
esignated Agent: Identif			Leadership FAC 5
esignated Agent: Identif			Leadership FAC 5
esignated Agent: Identif			Leadership FAC 5,
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esignated Agent: Identification Full Name	y by name, address (phone number – optional content of the content	STATE Telephone Number which the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional content of the content	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional content of the content	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional content of the content	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent

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Page	of	11	

(h). Joint Fundraising			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
State Republican Vict	ory Fund		
Mailing Address	1201 F Street, N.W.		
	Suite 675		
	Washington	l DC l	20004
Relationship:	CITY A	STATE A	ZIP CODE A
	Organization Affiliated Committee X Jobs by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Spor
			Leadership PAC Spor
Designated Agent: Identify			Leadership PAC Spor
Designated Agent: Identify Full Name			Leadership PAC Spor
Designated Agent: Identify Full Name			Leadership PAC Spor
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional)		