Image#	202405	09964	5566553
iiiiaye#	202403	03304	JJUUJJJ

FEC

05/09/2024 05 : 39

PAGE 1 / 11 🗕

STAT	EME	ΞΝΤ	OF
ORG	ANI	ZATI	ON

									Of	fice Use	Only		
1. NAME OF COMMITTEE (in fu	(IIL		Check if name changed)		mple:If typing, ty the lines.	уре	12F	'E4M	15]		
ADDRESS (number and		PO BOX	130708										
(Check if add is changed)	dress												
0,		TAMPA					FL		336	81			
		CI	TY 🔺				STAT	E▲			ZIP CO	DDE 🔺	
COMMITTEE'S E-MAIL	ADDRESS	6											
(Check if add is changed)	dress	salpurpu	ıra2010@gmai	I.com									
	(Optional 3	Second E-Mai	I Address									
	l												
COMMITTEE'S WEB P		-	-										
(Check if add is changed)	dress	www.ricks	scottforflorida.co	om 									
													I I
	ı												
2. DATE 05	/ D D 09	/ Y	y y y 2024										
3. FEC IDENTIFICA	tion Num	IBER 🕨	C	C0067696	5								
4. IS THIS STATEME	NT	NEW	(N) OF	R ×	AMENDED) (A)							
I certify that I have exa	mined this	Stateme	nt and to the	best of my l	knowledge and I	belief it is	s true,	corre	ct and	compl	ete.		
Tupo or Print Name of	Trocouror												
Type or Print Name of	lieasulei	PURPUR	RA, SALVATOF	(E, A, MR,									
Signature of Treasurer	PURPU	RA, SALV	/ATORE, A, MF	ξ ,		I	Date	M ()5	09		2024	ÝÝ
NOTE: Submission of fals					ject the person s IOULD BE REPC					penaltie	s of 52	U.S.C.	§30109
Office Use Only					For further inform Federal Election C Toll Free 800-424- Local 202-694-110	Commissior •9530					FOR sed 06/2		

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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. (Compleinformation below.)	te the candidate
Name of SCOTT, RICK , , SEN, Candidate	
Candidate Party Affiliation REP Office Sought: House X Senate President	State FL District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate Image: Candidate Party Committee: Image: Candidate Image: Candidate	
(d) This committee is a (Demo	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Coc	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 2.

FEC Form 1 (Revised	02/2009)			Page 3
Write or Type Committee Nam	e			
RICK SCOTT F	OR FLORIDA			
6. Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Rep	resentative, or Lead	lership PAC Sponsor
Mailing Address	228 S WASHINGTON ST.			
	STE. 115			
			VA 223	14
	CITY 🔺		STATE 🔺	ZIP CODE
Relationship: Connecte	d Organization	X Joint Fundraisin	g Representative	Leadership PAC Spons

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Pur	ıra, Salvatore, A, ,
Full Name	
Mailing Address	478 Stirling Bridge Dr
	$[\cdot \cdot$
	Ormond Beach
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 704 668 1993

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	Purpura, Salvatore , A, ,
Mailing Address	478 Stirling Bridge Dr
	Ormond Beach
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number 704 668 1993

FEC Form 1 (Revised 02)2/2	200) 9))																						Pag	je 4	1		
Full Name of Designated Agent																													1	
Mailing Address	L																													
	L																													
	L																													
							С	ITY	′▲									:	STA	ΛΤΕ				Z	P(COI	ЭE			
Title or Position ▼																														
													Т	ele	eph	one	e ni	umt	ber				- [

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.

	BB&T		
Mailing Address	1909 K Street NW		
	Washington	DC 20006	
	CITY ▲	STATE A	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean 	VA 22101	
		STATE A	ZIP CODE

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

5(g) or (h).	Joint Fundraising	Participant:	
1	1.		FEC ID number
2	2.		FEC ID number
3	3.		FEC ID number C
4	4		FEC ID number
	024 SENATORS CLA	- · · ·	aising Representative, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET	
		STE 115	
			↓ ↓ </td
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Sponso
8. Desi	ignated Agent: Identify	by name, address (phone number - optional)	
F	Full Name		
1	Mailing Address		
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
l		Tele	lephone Number

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, JOHN N Depository, etc.			
Mailing Address	1625 K STREET, NW STE 1050		
		DC	20006
	CITY 🔺	STATE A	ZIP CODE 🔺

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

ZIP CODE

STATE 🔺

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Blackburn Cruz Scot	tt Victory		
Mailing Address	421 Office Park Dr,		
	Mountain Prook		35223
	Mountain Brook		
Relationship:		STATE ▲	ZIP CODE
Connecte			_
Connecte	CITY A		_
Connecte Designated Agent: Identi	CITY A		_
Connecte Designated Agent: Identi Full Name	CITY A		_
Connecte Designated Agent: Identi Full Name	CITY A		_
Connecter Designated Agent: Identi Full Name Mailing Address	CITY A		_
Connecte Designated Agent: Identi Full Name	CITY A ed Organization Affiliated Committee Jo fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo

CITY **▲**

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

ZIP CODE

STATE **A**

			FEC ID	number	С	
			FEC ID	number	С	
			FEC ID	number	С	
			FEC ID	number	С	
					0	
	milated Committee,	Joint Fundr	aising Repr	esentative	e, or Leadership	D PAC Spons
PO Box 13020	6					
Austin					78711	
	CITY 🔺			STATE 🔺	ZIF	CODE
milly by hame, addre		- optional)				
L			Selephone Nur			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
F 	ected Organization, A RY COMMITTEE	RY COMMITTEE PO Box 13026 PO Box 13026 Austin CITY ▲ ected Organization Affiliated Committee	eted Organization, Affiliated Committee, Joint Fundr RY COMMITTEE PO Box 13026 Austin CITY ▲	ted Organization, Affiliated Committee, Joint Fundraising Repr RY COMMITTEE PO Box 13026 Austin CITY ▲ ected Organization Affiliated Committee	ected Organization, Affiliated Committee, Joint Fundraising Representative RY COMMITTEE	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership RY COMMITTEE

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

1.			FEC	D number	С			
2.			FEC	D number	С			
3.			FEC	D number	С			
4.			FEC	D number	С			
lame of Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Re	presentativo	e, or Le	adershi	p PAC S	ponse
								1 1
Mailing Address	PO BOX 9891							
	ARLINGTON		1		22	219		
	d Organization	CITY A Affiliated Committee	Joint Fundraisin	STATE ▲	ative		P CODE	
Connecte	d Organization	Affiliated Committee	_		ative			
Connecte	d Organization	Affiliated Committee	_					
Esignated Agent: Identif	d Organization	Affiliated Committee	_		ative			
Esignated Agent: Identif	d Organization	Affiliated Committee	_		ative			
Connecteresignated Agent: Identif	d Organization	Affiliated Committee	_		ative	Lead		C Spo
Connecter esignated Agent: Identif Full Name Mailing Address	d Organization	Affiliated Committee	_	ng Representa	ative	Lead	ership PA	.C Spc

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

-

ZIP CODE

5(g) or (h).	Joint Fundraising	Participant:		
1. [FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4. [FEC ID number	C
6. Name	of Any Connected Or	rganization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Sponsor
Tea				
Ν	lailing Address	228 S WASHINGTON ST.		
		STE. 115		
				22314
F	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected C	Drganization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. Design	ated Agent: Identify b	y name, address (phone number - optional)		
Full	Name			
Mai	iling Address			
TI	TLE OR POSITION V	, CITY 🔺	STATE A	ZIP CODE
			Telephone Number	
	or Other Depositorie	s: List all banks or other depositories in whit tains funds.	ch the committee deposit	s funds, holds accounts, rents
Name o Deposit	of Bank,			
	ory, etc.			

.

STATE 🔺

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

1.			FEC	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
lame of Any Connected	Organization Affilia	atod Committee Joint I		oprocontativ		lorobin		
TEAM RICK SCOTT				epresentativo				1150
Mailing Address	PO BOX 76024					1 1 1		I
					2000	02		
Relationship.								
Relationship: Connected			Joint Fundrais al)	STATE ▲	ative		hip PAC	Spor
Connected		Affiliated Committee			ative			Spor
Connected		Affiliated Committee						Spor
Connected		Affiliated Committee			ative			Spor
Connected		Affiliated Committee			ative			Spor
Connected	by name, address	Affiliated Committee			ative		hip PAC	Spon
Connected	by name, address	Affiliated Committee		Ing Represent	ative	Leaders	hip PAC	Spor

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

1. 2. 3. 4. The Founders Committee Mailing Address Suite 115 Alexandria Relationship: Connected Organization Mailing Address Full Name Mailing Address	on St	J FEC II J FEC II J FEC II	D number D number D number D number D number presentative U U U STATE	22314		ponsor
3.	on St	FEC II FEC II undraising Re	D number D number presentative U U U	C , or Leaders		ponsor
4	on St	FEC II	D number	C		ponsor
Name of Any Connected Organization, Affil The Founders Committee Mailing Address 228 S Washingto Suite 115 Alexandria Relationship: Connected Organization Designated Agent: Identify by name, address	on St		presentative	, or Leaders		ponsor
The Founders Committee Mailing Address 228 S Washingto Suite 115 Alexandria Alexandria Connected Organization Designated Agent: Identify by name, address Full Name	on St			22314		ponsor
The Founders Committee Mailing Address 228 S Washingto Suite 115 Alexandria Alexandria Connected Organization Designated Agent: Identify by name, address Full Name	on St			22314		ponsor
Mailing Address	CITY A					
Mailing Address	CITY A					
Mailing Address	CITY A					
Suite 115 Alexandria Image: Connected Organization Designated Agent: Identify by name, address Full Name	Affiliated Committee	Joint Fundraisin				
Alexandria Alexandria Connected Organization Designated Agent: Identify by name, address Full Name	Affiliated Committee	Joint Fundraisin				
Relationship: Connected Organization Designated Agent: Identify by name, address Full Name	Affiliated Committee	Joint Fundraisin				
Connected Organization Designated Agent: Identify by name, address Full Name	Affiliated Committee	Joint Fundraisin	STATE A			
Designated Agent: Identify by name, address		Joint Fundraisin			ZIP CODE	
Designated Agent: Identify by name, address		Joint Fundraisin	a Doprocento		eadership PA	C Snono
Mailing Address						
						<u> </u>
TITLE OR POSITION ▼	CITY 🔺		STATE 🔺	Z	IP CODE 🔺	
		Telephone N	lumber			