**FEC** 

# STATEMENT OF

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**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 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mtippins@rpof.org (Check if address 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 20 2020 C00099259 FEC IDENTIFICATION NUMBER > 3. X 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. Moberley, Mike, , , Type or Print Name of Treasurer Moberley, Mike, , , [Electronically Filed] 10 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

ı	FFC For	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	1 49 <del>0</del> £
Can	didate	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. (Compleinformation below.)	te the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)	×	CTA " ' DED " '	emocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	cted organization is a
•			abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	raising Representative:	
(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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na	me	-
Republican Pa	arty of Florida	
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Rubio Victory Comm	iittee 	
Mailing Address	228 S. Washington Street	
Walling Address	Suite 115	
	Alexandria	22314
	CITY STATE	ZIP CODE
Relationship: Connec	sted Organization Affiliated Committee	tive Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the pe	erson in possession of committee
	, Morgan, , ,	1
Full Name	420 E. Jefferson Street	
Mailing Address		
	Tallahassee , FL ,	,32301
Title or Position	CITY STATE	ZIP CODE
Accountant	Telephone number	50
B. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	and the name and address of
Full Name Moberle of Treasurer	ey, Mike, , ,	
Mailing Address	420 E. Jefferson Street	
	Tallahassee	32301
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	50 222 7520

. 20 1011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc.  SunTrust Bank	
-	Depository, etc.  SunTrust Bank ,215 S. Monroe Street	
Name of Bank, I	Depository, etc.  SunTrust Bank ,215 S. Monroe Street	)1 
Name of Bank, I	Depository, etc.  SunTrust Bank  215 S. Monroe Street	D1
Name of Bank, I	Depository, etc.  SunTrust Bank  215 S. Monroe Street  Tallahassee  FL 3230  CITY  STATE	
Name of Bank, I	Depository, etc.  SunTrust Bank  215 S. Monroe Street  Tallahassee  FL 3230  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  SunTrust Bank  215 S. Monroe Street  Tallahassee  FL 3230  CITY  STATE  Depository, etc.	ZIP CODE

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

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5(a)	or(h). <b>Joint Fundraisin</b>	α Particinant·		
O(g)	1	<u> </u>	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4		FEC ID number	C
6.	Name of Any Connected  Protect the House	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P. O. Box 30844		
		Bethesda	MD	30824
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	▼	• – –	
			ı	
			lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which t		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.  Bridge Bank		s funds, holds accounts, rents

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

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Take Back the Ho	use 2020		
	1			
		P. O. Box 30844		
	Mailing Address	1.0.00.30044		
		Bethesda	MD	20824
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Pagignated Agents Identify	y by name, address (phone number – optional)		
0.		by hame, address (phone humber – optional)		
	Full Name			
	Mailing Address	I I		
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
	TITLE OR POSITION	•	STATE A	ZIP CODE A
9.	Banks or Other Deposito	ries: List all banks or other depositories in which	STATE A	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which saintains funds.	STATE A	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which saintains funds.	STATE A	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	

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

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h). <b>Joint Fundraisi</b>	ig i articipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Trump Victory	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	c/o Red Curve Solution		
,	138 Conant Street, 2nd Floor		
	Beverly	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Solution John John John John John John John Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected The Founders Con	Organization, Affiliated Committee, Joint Fundrais	ng Representative, or Leadership PAC Sponsor
	Mailing Address	1305 W. 11th Street, #213	
		Houston	TX 77008
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	ndraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number - optional)	1
	Mailing Address		
		CITY A	STATE A ZIP CODE A
	Mailing Address	<b>Y</b>	
	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main	Telep	STATE A ZIP CODE A
	Mailing Address  TITLE OR POSITION  Banks or Other Depositor	Telep	STATE A ZIP CODE A
	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	Telep	STATE A ZIP CODE A
	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telep	STATE A ZIP CODE A
	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telep	STATE A ZIP CODE A

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

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h). <b>Joint Fundraisin</b>		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Win in 2020	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
VIII III 2020			
Mailing Address	320 First Street, S.E.		
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Byron Donalds V			
Mailing Address	2430 Vanderbilt Beach Road		
Walling Address	Ste. 108 PMB 260		
	Naples	FL	34108
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identii  Full Name    Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	cy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A