SAMD DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

			O	fice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Alex Sink Victory	Fund		<u> </u>	
	<u></u>			
ADDRESS (number and street)	PO Box 17271			
(Check if address is changed)	Clearwater		FL 33	3762 ₁
	C	ΙΤΥ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-m	nail address)		
Charle Y a Marca	alexsinkvictory	fund@gmail.con)	
(Check if address is changed)	1			
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
(Check if address				
is changed)				
2. DATE 10 31	2013			
3. FEC IDENTIFICATION NU	IMBER C	martin accept same grammer for the state of the same same same same same same same sam		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best c	of my knowledge and belief it i	is true, correct and	i complete.
Type or Print Name of Treasurer	Jennifer May			
Signature of Treasurer	easif MM	yay	Date 10	31° / 2013``
NOTE: Submission of false, errone	ous, or incomplete information m ANY CHANGE IN INFORMATION			penalties of 2 U.S.C. §437g.
Office Use		For further information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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i.	TYPE OF C	OMMITTEE
	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 Party Affiliation	Office State Senate President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Com	nmittee:
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as
		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 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.)
	Joint Fund	raising Representative:
	(g)	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.
	(h) X	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.
	Com	mittees Participating in Joint Fundraiser
	1.	Alex Sink for Congress FEC ID number C
	2.	Democratic Executive Committee of Florida FEC ID number C 00005561
	3.	
	1	I

FEC Form 1 (Revise	ad 02/2000)	Pogo 3
Write or Type Committee Na		Page 3
Alex Sink Victor		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
ı N/A		
		'
Mailing Address		*
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Jenn	nifer May	
Mailing Address	PO Box 17271	
3		
	Clearwater 13	3762 -
Title or Position	CITY STATE	ZIP CODE
Treasurer]-[
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and ., assistant treasurer).	the name and address of
Full Name of Treasurer Jenn	nifer May	
Mailing Address	PO Box 17271	
	Clearwater FL 3	3762 ZIP CODE
Title or Position Treasurer		J _

	m 1 (Revised	02/2009)															Pa	ge 4	
Full Name of Designated																			
Agent		<u> </u>			L					لــــــــــــــــــــــــــــــــــــــ		<u></u>		<u> </u>			<u> </u>		
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Title or Position																			
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Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
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