

This report was delivered from the FEC, but actually belongs at the FEC and should have been processed by the FEC only. Please refer to the committees that make up this Joint Fund Raiser on page 2.  
-Office of Public Records

HAND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE PUBLIC RECORDS

RECEIVED FEC MAIL CENTER 2015 NOV 13 AM 11:14

15 NOV 16 PM 3:48

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Murphy Victory Fund

ADDRESS (number and street)

1050 17th Street, NW

(Check if address is changed)

Suite 590

Washington

CITY

DC

STATE

20036

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Support@pcmsllc.com

Optional Second E-Mail Address

amorgan@fladems.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

None

2. DATE

11 / 12 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

X

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.

Type or Print Name of Treasurer Brian Foucart

Signature of Treasurer

Brian Foucart

[Handwritten Signature]

Date

11 / 12 / 2015

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

NON-FUNCTIONAL

5. 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 PATRICK E MURPHY

Candidate Party Affiliation \_\_\_\_\_ Office Sought: House  Senate  President  State FL District 00

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (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 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 party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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)  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. FRIENDS OF PATRICK MURPHY FEC ID number C00493825
2. DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA FEC ID number C00005561
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

NON-UNION

Write or Type Committee Name

# Murphy Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name Brian Foucart

Mailing Address 1050 17th Street, NW

Suite 590

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

628

1581

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 Brian Foucart

Mailing Address 1050 17th Street, NW

Suite 590

Washington

DC

20036

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

628

1581

2015-11-11 11:00 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone 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, Depository, etc.

Bank of America

[Grid for Name of Bank, Depository, etc.]

Mailing Address

1801 K Street, NW

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Washington

[Grid for Mailing Address Line 3]

DC

20009

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

20090208 10:11:11 AM

# Hand Delivered

2011-11-20 10:00 AM

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.

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

DATE PREPARED

(3/2015)

20151113 11:13:15 AM