

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

FIGHTING FOR FLORIDA FUND

ADDRESS (number and street)

c/o Foley & Lardner LLP

☐ (Check if address is changed)

One Independent Drive, Suite 1300

Jacksonville

CITY ▲

FL

STATE ▲

32202

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

elalba@foley.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

None

2. DATE

MM / DD / YYYY
07 / 24 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00585190

4. 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.

Type or Print Name of Treasurer Porter, Paul, , ,

Signature of Treasurer

Porter, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 17 / 2017

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

FIGHTING FOR FLORIDA 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Porter, Paul, , ,

Mailing Address

c/o Foley & Lardner LLP

One Independent Drive, Suite 1300

Jacksonville

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

904

359

2000

Full Name of
Designated
Agent

Alba, Erika, , ,

Mailing Address

c/o Foley & Lardner LLP

One Independent Drive, Suite 1300

Jacksonville

CITY

FL

STATE

32202

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

904

359

2000

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.

BBVA Compass

Mailing Address

Two Independent Drive

Jacksonville

CITY

FL

STATE

32202

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE