FEC FORM 1

1626224804

Only

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

(Revised 02/2009)

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Florida Senate 2012 Maryland ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıcompliance@dscc.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 06 21 2011 DATE C 00492850 FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Adriane Rummel** Type or Print Name of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

| | FEU FC | orm 1 (Revised 02/2009) |
|----|-----------------------------|--|
| 5. | TYPE OF C | COMMITTEE |
| | Candidate | e 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 Affiliat | ion Office State Senate President District |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name of Candidate | |
| | Party Cor | nmittee: |
| | (d) | This committee is a (National, State (Democratic, Republican, etc.) Party. |
| | Political A | 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 Fund | draising Representative: |
| | (g) X | 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. |
| | Com | nmittees Participating in Joint Fundraiser |
| | 1, | Democratic Senatorial Campaign Committee FEC ID number C 00042366 |
| | 2. | Bill Nelson for US Senate |
| | | |
| | 3. | |
| | 4. | FEC ID number C |

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| FEC Form 1 (Re | vised 02/2009) | Page 3 |
|--|--|-------------------|
| Write or Type Committee | | |
| Florida Sena | | |
| . Name of Any Conne | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | hip PAC Sponsor |
| None | <u> </u> | 1 |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Cor | nnected Organization Affiliated Committee Joint Fundraising Representative Le | adership PAC Spor |
| | | |
| Mailing Address | 120 Maryland Ave NE Washington DC 12000 | 2. 1-1 |
| | | |
| Title or Position | OTTY OTATE | 71D 00DE |
| Title or Position | CITY STATE | ZIP CODE |
| Title or Position | CITY STATE Telephone number [202] - [2] | |
| Treasurer | | 24 <u> </u> |
| Treasurer Treasurer: List the nar | 1202 1 12 | 24 <u> </u> |
| Treasurer Treasurer: List the nar any designated agent Full Name | Telephone number 202 | 24 <u> </u> |
| Treasurer Treasurer: List the nar any designated agent Full Name of Treasurer | Telephone number 202 - 2 me and address (phone number optional) of the treasurer of the committee; and the na (e.g., assistant treasurer). | 24.]-[2447 |
| Treasurer Treasurer: List the nar any designated agent Full Name | Telephone number 202 | 24.]-[2447 |
| Treasurer Treasurer: List the nar any designated agent Full Name of Treasurer | Telephone number 202 - 2 me and address (phone number optional) of the treasurer of the committee; and the na (e.g., assistant treasurer). driane Rummel 120 Maryland Ave NE | 24,]-[2447 |
| Treasurer Treasurer: List the nar any designated agent Full Name of Treasurer | Telephone number 202 - 2 me and address (phone number optional) of the treasurer of the committee; and the na (e.g., assistant treasurer). driane Rummel 120 Maryland Ave NE Washington DC 2000 | 24 |
| Treasurer Treasurer: List the name any designated agent for the state of Treasurer Treasurer | Telephone number 202 - 2 me and address (phone number optional) of the treasurer of the committee; and the na (e.g., assistant treasurer). driane Rumme! 120 Maryland Ave NE Washington CITY STATE | 24 <u> </u> |

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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

| THE PRECEDING DOCUMENT WAS: |
|--|
| HAND DELIVERED 06-22-1 |
| Date of Receipt |
| USPS FIRST CLASS MAIL Postmark |
| USPS REGISTERED/CERTIFIED Postmark |
| USPS PRIORITY MAIL |
| Postmark DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL |
| USPS EXPRESS MAILPostmark |
| OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY |
| FEDERAL EXPRESS |
| UPS |
| DHL |
| AIRBORNE EXPRESS |
| RECEIVED FROM FEDERAL ELECTION COMMISSION |
| POSTMARK ILLEGIBLE \(\bigcap \) NO POSTMARK \(\bigcap \) |
| FAXDate of Receipt |
| Date of Treamb. |
| Date of Receipt or Postmark |
| |

DATE PREPARED**06-22-11**



