Only

STATEMENT OF

PAGE 1/7 =

FEC FORM 1		_	RGANIZ		-					Of	fice Use	e Only		
NAME OF COMMITTEE (ir	full)	,	Check if name s changed)		ple:If typir the lines.	ng, type		12F	E4M	5		1		
Jim Kenned	,		- '											
						1 1								
ADDRESS (number a	nd street)	333 Croc	kett Blvd			1 1	 	1 1	1 1	1 1	1 1	1 1	1 1	
(Check if a	address	#541148												
is changed	d)	Merritt Is	sland				1	FL	1	329	54	. -	1 .	
		CI	TY 🛦				_	STATE				ZIP C	CODE	
COMMITTEE'S E-MA	AIL ADDRE	SS												
(Check if a is changed		demjim	kennedy@gma	il.com										
			Second E-Mail Ac nnedync@gm											
COMMITTEE'S WEB (Check if a is changed)	address	jkforcong	•											
2. DATE 0		D / Y	2019											
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C 0	000707257										
4. IS THIS STATEM	MENT X	NEW	(N) OR		AMEN	DED (A))							
I certify that I have e	examined th	is Stateme	nt and to the bes	t of my kı	nowledge a	and belie	ef it is	true,	corre	ct and	comp	lete.		
Type or Print Name	of Treasure	Rosiek,	Ryan, , ,											
Signature of Treasure	er <i>Rosie</i>	k, Ryan, , ,		L	Electronica	lly Filed]	D	ate	M C)5 /	22		20	19
NOTE: Submission of			omplete information			_	-				penalti	es of 2	U.S.C.	. §437g.
Office Use					For further if Federal Electron Free 800	tion Comm	nission	act:				FOF		

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009) Page 2
		COMMITTEE c Committee:
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Nam	le of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Kennedy, James, , ,
Can	didate	iterinedy, dames, , ,
	didate y Affiliati	ion DEM Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Page 1
Poli	itical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		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 pacommittee. (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.)
Join	t Fund	draising 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.
	Com	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N		. 230
Jim Kennedy		
	ed Organization, Affiliated Committee, Joint Fundraising Represei	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY ST	TATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position o	of the person in possession of committee
	c, Ryan, , ,	
Full Name	2017 Trevino Circle	
Mailing Address		
	Melbourne , F	-
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	321 - 795 - 7688
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the cong., assistant treasurer).	nmittee; and the name and address of
	s, Ryan, , ,	
of Treasurer	2017 Trevino Circle	
Mailing Address		
		FL 32935
Title or Position Treasurer	CITY STA	TE ZIP CODE 321
	·	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Kennedy, Stacey, , ,	
Mailing Address	762 Killarney Ct	
	Merritt Island CITY STATE ZIF	P CODE
Title or Position		3 - 4444
	Depositories: List all banks or other depositories in which the committee deposits funds, holds ac xes or maintains funds. Depository, etc.	ccounts, rents
	NFCU PO Box 3000	
Mailing Address		
	Merrifield VA 22119	
	CITY STATE ZIF	P CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE ZIF	P CODE

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	
2.			C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected Or	rganization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Burns, Robe Full Name	y name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b	y name, address (phone number – optional) ert, , ,	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Burns, Robe Full Name	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr		
esignated Agent: Identify b Burns, Robe Full Name	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge	FL	32955
esignated Agent: Identify b Burns, Robe Full Name	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge	FL STATE A	32955 ZIP CODE A
esignated Agent: Identify b Burns, Robe Full Name L	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge	FL STATE A	32955
Burns, Robe Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge CITY s: List all banks or other depositories in which	STATE A Telephone Number	32955 ZIP CODE A
Burns, Robe Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge CITY s: List all banks or other depositories in which	STATE A Telephone Number	32955 ZIP CODE A
Burns, Robe Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie afety deposit boxes or maint ame of Bank,	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge CITY s: List all banks or other depositories in which	STATE A Telephone Number	32955 ZIP CODE A
Burns, Robe Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie afety deposit boxes or maint ame of Bank,	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge CITY s: List all banks or other depositories in which	STATE A Telephone Number	32955 ZIP CODE A
Burns, Robe Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie afety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) ert, , , 5829 Duskywing Dr Rockledge CITY s: List all banks or other depositories in which	STATE A Telephone Number	32955 ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) or (h). Joint Fundraisin g	p Participant:			
	1.		FEC ID	number	C
	2.		FEC ID	number	C
	3.		FEC ID	number	C
	4.		FEC ID	number	C
_					
6. N	ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Repre	esentative,	or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY A	;	STATE A	ZIP CODE ▲
- 3. D	esignated Agent: Identify Kennedy,	by name, address (phone number – optional) James, , ,			
3. D					
— 3. D	Kennedy,				
	Kennedy,	James, , ,			
3. D	Kennedy,	James, , ,			33573
	Kennedy, Full Name	James, , , 1210 Fairway Greens Dr Sun City Center	ST	FL TATE	33573 ZIP CODE ▲
	Kennedy,	James, , , 1210 Fairway Greens Dr Sun City Center CITY	Sī Telephone Nur	TATE A	
—). B sa N	Kennedy, Full Name Mailing Address TITLE OR POSITION	James, , , 1210 Fairway Greens Dr Sun City Center CITY ies: List all banks or other depositories in which	Telephone Nur	TATE ▲ nber	ZIP CODE ▲ 52 - 586 - 5879
—). B sa N	Kennedy, Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	James, , , 1210 Fairway Greens Dr Sun City Center CITY ies: List all banks or other depositories in which	Telephone Nur	TATE ▲ nber	ZIP CODE ▲ 52 - 586 - 5879
—). B sa N	Kennedy, Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	James, , , 1210 Fairway Greens Dr Sun City Center CITY ies: List all banks or other depositories in which	Telephone Nur	TATE ▲ nber	ZIP CODE ▲ 52 - 586 - 5879

FEC Form 1S (Revised 02/2017)

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative, or Le	adership PAC Sponsor
		T.		1
	Mailing Address			
	Relationship:	CITY ▲	OTATE A	7ID CODE A
	rielationship.	CITY	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.		/ by name, address (phone number – optional) n, Joseph, , ,		
8.	Dennison			
8.	Dennison Full Name	n, Joseph, , ,		
8.	Dennison Full Name	n, Joseph, , ,	FL 32:	935
8.	Dennison Full Name Mailing Address	Melbourne		
8.	Dennison Full Name	Melbourne CITY	STATE ▲	ZIP CODE A
8.	Dennison Full Name Mailing Address	Melbourne CITY	STATE ▲	
	Full Name	A, Joseph, , , 2017 Trevino Circle Melbourne CITY ries: List all banks or other depositories in which	STATE ▲ state ■ state	ZIP CODE ▲ - 619 - 5636
 8. 9. 	Full Name	A, Joseph, , , 2017 Trevino Circle Melbourne CITY ries: List all banks or other depositories in which	STATE ▲ state ■ state	ZIP CODE ▲ - 619 - 5636
	Full Name Dennison Full Name I Dennison Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mail Name of Bank,	A, Joseph, , , 2017 Trevino Circle Melbourne CITY ries: List all banks or other depositories in which	STATE ▲ state ■ state	ZIP CODE ▲ - 619 - 5636
	Full Name	A, Joseph, , , 2017 Trevino Circle Melbourne CITY ries: List all banks or other depositories in which	STATE ▲ state ■ state	ZIP CODE ▲ - 619 - 5636
	Full Name	A, Joseph, , , 2017 Trevino Circle Melbourne CITY ries: List all banks or other depositories in which	STATE ▲ state ■ state	ZIP CODE ▲ - 619 - 5636