FEC

Only

STATEMENT OF

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(Revised 06/2012)

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. RICK SCOTT FOR FLORIDA PO BOX 130708 ADDRESS (number and street) (Check if address is changed) **TAMPA** 33681 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address salpurpura2010@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.rickscottforflorida.com (Check if address is changed) DATE 2024 C00676965 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 PURPURA, SALVATORE, A, MR. PURPURA, SALVATORE, A, MR, 04 10 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC Forn	m 1 (Revised 03/2022)	Page 2
TYPE	OF COMMITTEE:	
Cano	didate 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 information below.)	candidate
	me of scott, RICK, , SEN,	
	ndidate ty Affiliation REP Office Sought: House X Senate President	State FL District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ame of andidate	
Party	y Committee:	
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	tc.) Party
Politi	ical 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 Org	anization
	Membership Organization Trade Association Cooperative	/e
	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 committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint	t Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Co	ommittees Participating in Joint Fundraiser	
1.	C	

	FEC Form 1 (Revised 0)2/2009)	Page 3
	Vrite or Type Committee Name	<u> </u>	. 490
	RICK SCOTT FO		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	2024 REPUBLICAN	SENATE VICTORY	
	Mailing Address	228 S WASHINGTON ST.	
		STE. 115	
		ALEXANDRIA VA 2	2314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in po	essession of committee
	Purpura, S	alvatore, A, ,	
	Mailing Address	6334 Pumpernickel Ln	
		Monroe NC 2	8110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 668 _ 1993
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Purpura, S of Treasurer	alvatore , A, ,	
	Mailing Address	6334 Pumpernickel Ln	
		Monroe NC 2	8110
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	704 Telephone number	- 668 - 1993

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in which the committee deposits funds, as or maintains funds.	holds accounts, rents
Name of Bank, De	pository, etc.	
L	BB&T	
Mailing Address	1909 K Street NW	
	Washington DC 200	006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
Ľ	Chain Bridge Bank	
Mailing Address	1445A Laughlin Ave	
	McLean VA 22°	101
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
2024 SENATORS C	_ASSIC COMMITTEE		
Mailing Address	228 S. WASHINGTON STREET		
	STE 115		
	ALEXANDRIA	ı ı VA ı	22314
		STATE A	ZIP CODE ▲
Relationshin:	CITY A	SIAIL	ZIF CODE A
	CITY ▲ d Organization Affiliated Committee ✓ Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee X Joint		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint by by name, address (phone number – optional) CITY	Fundraising Representation	

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

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Page	of		

1					
			FEC ID n	umber	С
			FEC ID n	umber	C
3.			FEC ID n	umber	C
4.			FEC ID n	umber	C
Name of Any Connec	stad Organization Aff	iliated Committee Joint	Fundraioina Danca	contotivo	or Leadership PAC Spons
CORNYN VICTOR			Tundraising Repre		Ur Leadership PAC Spons
Mailing Address	PO Box 13026				
	Austin			TX	78711
Relationship:		CITY A	S	STATE A	ZIP CODE ▲
Full Name					
Full Name					
	L L L L L L L L L L L L L L L L L L L	CITY A	ST	ATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
RICK SCOTT VICTO			
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
Connecto		oint Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, WELL	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which an aintains funds. S FARGO	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which an aintains funds. S FARGO	STATE A Telephone Number	ZIP CODE A

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

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Team McConnell			
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
TEAM RICK SCOTT			
Mailing Address	PO BOX 76024		
	WASHINGTON	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representation	Leadership PAC Spo
esignated Agent: Identif	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identif Full Name Mailing Address	Affiliated Committee X Joint by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint y by name, address (phone number – optional) CITY CITY Te	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	Affiliated Committee X Joint by by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ss funds, holds accounts, rents

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S Washington St		
	Suite 115		
	Alexandria	VA STATE ▲	22314 ZIP CODE ▲
Relationship:	CITY ▲		
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification		t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification	ed Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spo
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Connecte Designated Agent: Identif	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identif	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee	STATE A relephone Number the committee deposit	ZIP CODE A
Connected Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the content of Bank, and th	Affiliated Committee	STATE A Telephone Number the committee deposit	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee	STATE A relephone Number the committee deposit	ZIP CODE A