Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Executive Committee of Florida 201 S. Monroe ADDRESS (number and street) Ste. 301 (Check if address is changed) Tallahassee 32301 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS marcus@floridadems.org (Check if address is changed) Optional Second E-Mail Address pwhough@politicalcfos.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.floridadems.org (Check if address is changed) DATE 2022 C00005561 FEC IDENTIFICATION NUMBER 3. X 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. Garcia, Fran, , , Type or Print Name of Treasurer Garcia, Fran, , , [Electronically Filed] Date 2022 Signature of Treasurer 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information)	mation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign con information below.)	mmittee. (Complete the candidate
Name of Candidate	<u></u>
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (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 of	n 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 committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on lir	ne 6.)
(g) This committee is an independent expenditure-only political committee (Super PA	C).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	n accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses n committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses n committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1. [	C
	C

Treasurer

Γ	_			
_	FEC Form 1 (Revised 0	02/2009)		Page <b>3</b>
V	Irite or Type Committee Name			
	Democratic Ex	ecutive Committee of Flo	rida	
6.	<u>-</u>	rganization, Affiliated Committee, Joint Fund	raising Representative, or	Leadership PAC Sponsor
	Dollars for Democrat	is 		
	Mailing Address	430 South Capitol Street SE		
		Ste 300		
		Washington	DC	20003
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Jo	int Fundraising Representativ	ve Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional)	and position of the person ir	n possession of committee
	-, Political (	CFOs Inc, , ,		
	Full Name			
	Mailing Address	3000 Airport Dr.		
		#204		
		Erie	CO	80516
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	CFO		elephone number 703	3
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the transsistant treasurer).	easurer of the committee; a	nd the name and address of
	Full Name Garcia, Fra	<b>n</b> , , ,		
	Mailing Address	201 S. Monroe, Ste. 301		
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Tallahassee	, , ,     FL	32301
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 =	OIAIL 4	211 3002 -

3411

850

Telephone number

	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
	Full Name of Designated Agent		
	Mailing Address		
	Title or Desition	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position •	Telephone number	
•	Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, it is a committee deposits funds.	nolds accounts, rents
	Name of Bank, D	Depository, etc.	
	Mailing Address	Amalgamated Bank  275 Seventh Avenue	
	·	New York NY 100  CITY ▲ STATE ▲	03 ZIP CODE ▲
	Name of Bank, D	Depository, etc.	
		TD Bank, N.A.	
	Mailing Address	PO Box 1377	
		Lewiston ME 0424	43
		CITY ▲ STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundraisi</b> r	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra nal Committee State Party Victory Fu		e, or Leadership PAC Spor
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name    Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or management of Bank,	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the same of Bank,	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	indraising Representative	e, or Leadership PAC Spon
	sroots Victory Fund		, , , , , , , , , , , , , , , , , , ,
Mailing Address	430 South Capitol Street, SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional		
Full Name		)	
Full Name	y by hame, address (phone humber – optional	)	
	ly by flame, address (priorie flumber – optional		
			ZIP CODE A
	CITY	STATE A	ZIP CODE A
Mailing Address	CITY		ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  cries: List all banks or other depositories in wh	STATE   Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  cries: List all banks or other depositories in wh	STATE   Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	CITY A  cries: List all banks or other depositories in wh	STATE   Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  cries: List all banks or other depositories in wh	STATE   Telephone Number	

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

h). <b>Joint Fundraisir</b>	ig i artioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	611 PENNSYLVANIA AVE SE		1 1 1 1 1 1 1 1 1 1
	NUM 143		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join  y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
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   Tries: 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   Tries: 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

5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
-				
6. <b>N</b>		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	ANNETTETADDE	O VICTORY FUND		
	Mailing Address	2800 S ADAMS ST UNIT 5651		
	_			
		TALLAHASSEE	ı ı FL ı	32314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8. <b>D</b>	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name L Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	•	STATE A	ZIP CODE A
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or ma	Tele  ies: List all banks or other depositories in which the	ephone Number	
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositor	Tele  ies: List all banks or other depositories in which the	ephone Number	
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or ma	Tele  ies: List all banks or other depositories in which the	ephone Number	
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mail boxes or mail boxes or mail boxes or mail boxes. Depository, etc.	Tele  ies: List all banks or other depositories in which the	ephone Number	
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mail boxes or mail boxes or mail boxes or mail boxes. Depository, etc.	Tele  ies: List all banks or other depositories in which the	ephone Number	

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

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ental Information h), 6, 8 and/or 9 Page  $\frac{9}{}$  of  $\frac{10}{}$ 

h). <b>Joint Fundraisi</b> r	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
ERIC LYNN VICT	ORY FUND		
Mailing Address	PO BOX 16991		
	ST. PETERSBURG	FL	33733
<b>5</b>	CITY A	STATE A	ZIP CODE ▲
Relationship:	CITY		
Connecte		nt Fundraising Represent	Leadership PAC S
Connecte	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Join  y by name, address (phone number – optional)	nt Fundraising Representa	
Connecte esignated Agent: Identif	d Organization Affiliated Committee   y Join y by name, address (phone number – optional)	nt Fundraising Representa	
Connecte  esignated Agent: Identif  Full Name  Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY	nt Fundraising Representa	
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  aftery deposit boxes or mail  ame of Bank,	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  ane of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  aftery deposit boxes or mail  ame of Bank,	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  ane of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tries: 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

FEC Form 1S (Revised 02/2017)

1						
2.				FEC ID	number	C
				FEC ID	number	C
3.				FEC ID	number	C
4.				   FEC ID	number	C
lame of An	y Connected C	organization, Affi	iliated Committee, Joint	Fundraising Rep	resentative	, or Leadership PAC Spon
FRIEND	DS OF STA	TE DEMOCE	RATIC PARTIES			
Mailing	g Address	114 BEAUCHAN	MP LANE			
		LAFAYETTE		1	LA	70506
Relatio	onship:		CITY ▲		STATE A	ZIP CODE ▲
acianatad	Amounts Idontify	by name address	a Inhana number antia	201)		
_		by name, address	s (phone number – optio	nal)		
Full Nam	ne	by name, address	s (phone number – optio	nal)		
	ne	by name, address	s (phone number – optio	nal)		
Full Nam	ne	by name, address	s (phone number – optio	nal)		
Full Nam	ne	by name, address				7ID 0005
Full Nam	ne		s (phone number – optio		STATE A	ZIP CODE A